



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED
JUN 10 2019
BY *[Signature]*

1. Entity ID Number 000030855		2. Exact name of the Corporation Proprietors of the New Fernwood Cemetery			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Cemetery			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 2391 Kingstown Road			City Kingston	State RI	Zip 02881
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Helen F Northup			Vice-President Name Thomas Faella		
Street Address 700 Barcelona Avenue			Street Address 3774 Western Hills Drive		
City Venice	State FL	Zip 34285	City West Salem	State WI	Zip 54669
Secretary Name Steffanie T Windus			Treasurer Name Katherine M Faella		
Street Address PO Box 265			Street Address 1114 Saugatucket Road		
City Kingston	State RI	Zip 02881	City Peace Dale	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio Faella			Director Name Christopher Faella		
Street Address 2391 Kingstown Road			Street Address 1072 Saugatucket Road		
City Kingston	State RI	Zip 02881	City Peace Dale	State RI	Zip 02879
Director Name Betty P Faella			Director Name none		
Street Address 2391 Kingstown Road			Street Address		
City Kingston	State RI	Zip 02881	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Katherine M Faella				Date 6/5/2019	
Signature of Officer/Authorized Representative <i>Katherine M. Faella</i>				SIGN DOCUMENT HERE	

MAIL TO:
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