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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 20 Non-Profit Corporation

| 2020 |
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→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

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

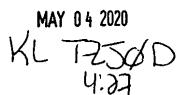
|   |   |                         | ٠, ٠,   |                             | ξ                    |  |
|---|---|-------------------------|---|-----------------------------|----------------------|--|
| 1. Entity ID Number 000030472   | 2. Exact name of the Corporation  Wood River Cemetery                       |                         |   |                             |                      |  |
| 3. State of Incorporation   | 5. Brief description of the character of business conducted in Rhode Island |                         |   |                             |                      |  |
| RI  | maintenance of cemetery grounds and related real estate                     |                         |   |                             |                      |  |
| 4. NAICS Code   | 1 .   |                         |   |                             |                      |  |
| 813910 - Business Assoc ▼   |   |                         |   |                             |                      |  |
| 6. Principal Office Address   |   |                         | City  | State                       | Zip                  |  |
| 85 Nooseneck Hilll Road   |   |                         | Richmond  | RI                          |                      |  |
| 7. List ALL officers (names and ac  | ldresses)   |                         | -1  | Check the box to indic      | ate an attachment    |  |
| President Name Martha B. Vida   |   |                         | Vice-President Name Georgeia J. Ure             |                             |                      |  |
| Street Address 27 Sachem Road   |   |                         | Street Address 26 Prospect Square (PO Box 123)  |                             |                      |  |
| City Greenwich  | State CT  | <sup>Zip</sup> 06830    | City Wyoming                                    | State RI                    | <sup>Ζiρ</sup> 02898 |  |
| Secretary Name Caroline Barnes  |   |                         | Treasurer Name Carolyn S. Richard               |                             |                      |  |
| Street Address 155 DAvenport Dr   |   |                         | Street Address 96 Shannock Hill Rd (PO Box 8)   |                             |                      |  |
| City Chesterfield   | State NJ  | <sup>Zip</sup> 08515    | City Shannock                                   | State RI                    | <sup>Zip</sup> 02875 |  |
| 8. List ALL directors (names and a  | addresses). RI C  | corporations MUST       | list at least THREE directors.                  | Check the box to indic      | ate an attachment    |  |
| Director Name Martha B. Vida  |   |                         | Director Name Georgia J. Ure                    |                             |                      |  |
| Street Address 27 Sachem Road   |   |                         | Street Address 26 Prospect Square (PO Box 123)  |                             |                      |  |
| City Greenwich  | State CT  | Zip 06830               | City Wyoming                                    | State RI                    | <sup>Zip</sup> 02898 |  |
| Director Name Caroline Barnes   |   |                         | Director Name Carolyn S. Richard                |                             |                      |  |
| Street Address 155 Davenport Dr   |   |                         | Street Address 96 Shannock Hill Road (PO Box 8) |                             |                      |  |
| City Chesterfield   | State NJ  | <sup>Zip</sup> 08515    | City Shannock                                   | State RI                    | <sup>Zip</sup> 02875 |  |
| 9. Registered Agent in Rhode Ista   | nd. This informati  | on is currently of reco | rd in the Department of State. Ch               | anges require filing Form 6 | 41.                  |  |
| Under penalty of perjury, I decl<br>statements, and that all statem   |   |                         |   | accompanying sched          | ules and             |  |
| This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee. |   |                         |   |                             |                      |  |
| Name of Officer/Authorized Representative   |   |                         |   |                             | . 1.                 |  |
| Carolyn S. Richard, Treasurer 4/26/20   |   |                         |   |                             | 0/20                 |  |
| Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE.  FILED  |   |                         |   |                             |                      |  |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov



FORM 631 - Revised: 06/2019