



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

**FILED**

JUL 08 2020

BY 31578 DS

**Annual Report for the year: 2020**  
**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.

1. Entity ID Number <b>000028813</b>		2. Exact name of the Corporation <b>QUIDNESSETT MEMORIAL CEMETERY</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Cemetery Business</b>			
4. NAICS Code <i>81220</i>					
6. Principal Office Address <b>6365 POST ROAD</b>		City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>W. ROBERT KALANDAR, JR</b>		Vice-President Name			
Street Address <b>63 WEST WIND DRIVE, PO BOX 378</b>		Street Address			
City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	City	State	Zip
Secretary Name <b>SALLY A. RUSSELL</b>		Treasurer Name <b>ALLAN J. STOPPARD</b>			
Street Address <b>700 MAIN ST - PO BOX 572</b>		Street Address <b>1387 PLAINFIELD PIKE</b>			
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>GREENE</b>	State <b>RI</b>	Zip <b>02827</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>MARGARET R. DECUBELLIS</b>		Director Name <b>ROBERT F. KIMBALL</b>			
Street Address <b>27 LEE ANN DRIVE</b>		Street Address <b>36 EDGEWATER DRIVE</b>			
City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name <b>LEON C. KNUDSEN</b>		Director Name <b>RICHARD C. LEWIS</b>			
Street Address <b>348 PLAINFIELD PIKE</b>		Street Address <b>2400 SOUTH COUNTY TRAIL</b>			
City <b>GREENE</b>	State <b>RI</b>	Zip <b>02827</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>ALLISON H. MORRISON</b>				Date <b>6/29/2020</b>	
Signature of Officer/Authorized Representative <i>Allison H. Morrison</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.n.gov