



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

FILED STAMP

FEB 10 2021

BY 1505 DS

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 21135		2. Exact name of the Corporation Riverside Cemetery Association			
3. Principal Office Address 175 Matunuck School House Road		City Wakefield		State RI	Zip 02879
4. NAICS Code 812220		6. Brief description of the character of business conducted in Rhode Island Cemetery			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Benjamin R. Robinson			Vice-President Name Oliver P. Robinson		
Street Address 393 N. Lake Way			Street Address 21 Dexter Street		
City Palm Beach	State FL	Zip 33480	City Dedham	State MA	Zip 02026
Secretary Name Alexandra T. Robinson			Treasurer Name Alexandra T. Robinson		
Street Address 521 2nd Street			Street Address 521 2nd Street		
City Brooklyn	State NY	Zip 11215	City Brooklyn	State NY	Zip 11215
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Oliver P. Robinson			Director Name Judith K. Robinson		
Street Address 21 Dexter Street			Street Address 393 N. Lake Way		
City Dedham	State MA	Zip 02026	City Palm Beach	State FL	Zip 33480
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		87		capital	\$25.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<i>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>					
Name of Authorized Representative Benjamin R. Robinson					Date January <u>29</u> , 2021
Signature of Authorized Representative 					

MAIL TO:
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