



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

MAY 21 2021

BY DA Brown

Annual Report for the year: **2021**

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>000041669</b>		2. Exact name of the Corporation <b>The Proprietors of the Warren South Burial Ground</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Cemetery burying physical remains and maintaining grounds where buried			
4. NAICS Code <u>812220</u>					
6. Principal Office Address P. O. Box 9445			City Providence	State RI	Zip 02940
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name		Vice-President Name <b>Hirum Janiel</b>			
Street Address		Street Address <b>429 Main Street</b>			
City	State	Zip	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>David A. Brown</b>		Treasurer Name <b>David A. Brown</b>			
Street Address <b>P. O. Box 9445</b>		Street Address <b>P. O. Box 9445</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</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 type="checkbox"/></span>					
Director Name <b>Judith A. Fardig</b>		Director Name <b>Hirum Janiel</b>			
Street Address <b>17 Milwaukee Avenue</b>		Street Address <b>429 Main Street</b>			
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Director Name <b>Susan O. Brown</b>		Director Name <b>David A. Brown</b>			
Street Address <b>15 Bond Road</b>		Street Address <b>P. O. Box 9445</b>			
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>
9. The Registered Agent information of record with the RI Department of State is accurate. 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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>David A. Brown</b>				Date <b>2021-05-05</b>	
Signature of Officer/Authorized Representative <i>David A. Brown</i>					