



State of Rhode Island

## Department of State - Business Services Division

## Annual Report for the year:

## 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

2021

JUN 04 2021

BY

1208 DS

1. Entity ID Number 70382	2. Exact name of the Corporation THE ST. PAUL EVANGELICAL LUTHERAN CHURCH CEMETERY, INC.				
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island TO DEVELOP, MAINTAIN, OPERATE AND MANAGE CEMETERIES IN THE CITIES OF WARWICK AND CRANSTON, R.I.				
4. NAICS Code 812220					
6. Principal Office Address 389 GREENWICH AVE.	City WARWICK	State RI	Zip 02886		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JULY FORGUE		Vice-President Name ROBERT JACOB			
Street Address 58 JUSTIN WAY		Street Address 69 HIGH POINT DR.			
City CRANSTON	State RI	Zip 02910	City EAST GREENWICH	State RI	Zip 02818
Secretary Name DALE WHITNEY		Treasurer Name CAROLYN ROMELCZYK			
Street Address 99 MYRTLE AVE.		Street Address 141 NATICK AVE.			
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
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 VALERIE STEVENS		Director Name MICHAEL MARZULLO			
Street Address 276 RANDALL AVE.		Street Address 17 HARMONY ST.			
City WARWICK	State RI	Zip 02889	City WEST WARWICK	State RI	Zip 02893
Director Name JOANNE CORRETT		Director Name			
Street Address 295 MERRY MOUNT DR.		Street Address			
City WARWICK	State RI	Zip 02888	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
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 CAROLYN ROMELCZYK, TREASURER				Date 6/2/21	
Signature of Officer/Authorized Representative Carolyn Romelczyk					

## MAIL TO:

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Website: [www.sos.ri.gov](http://www.sos.ri.gov)