



State of Rhode Island
Department of State - Business Services Division

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.

FILED
JUN 22 2021
BY 0331

1. Entity ID Number 000030855		2. Exact name of the Corporation Proprietors of the New Fernwood Cemetery			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Cemetery			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address 2391 Kingstown Road			City Kingston	State RI	Zip 02881
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Helen F Northup			Vice-President Name Thomas Faella		
Street Address 700 Barcelona Avenue			Street Address 4245 Glidden Drive		
City Venice	State FL	Zip 34286	City Sturgeon Bay	State WI	Zip 54235
Secretary Name Steffanie T Windus			Treasurer Name Katherine M Faella		
Street Address 1824 Mooresfield Road			Street Address 1114 Saugatucket Road		
City Kingston	State RI	Zip 02881	City Peace Dale	State RI	Zip 02879
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 Antonio Faella			Director Name Christopher Faella		
Street Address 2391 Kingstown Road			Street Address 1072 Saugatucket Road		
City Kingston	State RI	Zip 02881	City Peace Dale	State RI	Zip 02879
Director Name Betty P Faella			Director Name		
Street Address 2391 Kingstown Road			Street Address		
City Kingston	State RI	Zip 0288	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.					
<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 Katherine M Faella				Date 6/17/2021	
Signature of Officer/Authorized Representative <i>Katherine M. Faella</i>					

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