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State of Rhode Island
Department of State - Business Services Division

FILED
JUN 23 2021
BY 4479

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	2. Exact name of the Corporation
30569	UNION CEMETERY CORPORATION
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: OPERATE AN HISTORICAL CEMETERY IN PORTSMOUTH RI. STILL ACTIVE FOR PLOT SALES AND BURIAL
4. NAICS Code: NONE APPLY	

6. Principal Office Address	City	State	Zip
191 FREEBORN STREET	PORTSMOUTH	RI	02871

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
JEFFREY A. REISE	DONALD K. CLARK, SR
Street Address: 191 FREEBORN STREET	Street Address: 6 WASHAKIE DRIVE CENTERDALE
City: PORTSMOUTH State: RI Zip: 02871	City: NORTH PROVIDENCE State: RI Zip: 02911
Secretary Name	**Treasurer Name**
SCOTT SHERMAN	JANE M. REISE
Street Address: 39 B RICHMOND STREET	Street Address: 191 FREEBORN STREET
City: BRISTOL State: RI Zip: 02809	City: PORTSMOUTH State: RI Zip: 02871

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
PETER SANDHAM	KAREN OAKLEY
Street Address: 51 CHURCH LANE	Street Address: 14 KAREN DRIVE
City: PORTSMOUTH State: RI Zip: 02871	City: PORTSMOUTH State: RI Zip: 02871
Director Name	**Director Name**
JOY E. SCHUR	HUBERT E. LITTLE
Street Address: 472 MIDDLE ROAD	Street Address: 442 UNION STREET
City: PORTSMOUTH State: RI Zip: 02871	City: PORTSMOUTH State: RI Zip: 02871

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	Date
JEFFREY A. REISE	JUNE 19, 2021

Signature of Officer/Authorized Representative: Jeffrey A. Reise

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

FORM 631 - Revised: 08/2020