



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

JUL 15 2021

BY

1. Entity ID Number 00029981		2. Exact name of the Corporation The Pocasset Cemetery	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To inter Human Remains and maintain the grounds in a fitting manner.	
4. NAICS Code 624190			
6. Principal Office Address 417 Dyer Avenue		City Cranston	State RI
		Zip 02920	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
President Name George Daigneault Jr		Vice-President Name George Daigneault Jr	
Street Address 417 Dyer Ave		Street Address 417 Dyer Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name George Daigneault Jr		Treasurer Name Lorena A. Dodge	
Street Address 417 Dyer Ave.		Street Address 49 Sherman Ave.	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
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 Joyce Kennedy		Director Name Jeffrey McKenney	
Street Address 417 Dyer Ave		Street Address 118 Ausdale Rd.	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name Judith Barone		Director Name Alfred Lemma	
Street Address 85 Briggs St. unit 1007		Street Address 7 Taft Ave.	
City Cranston	State RI	City Johnston	State RI
Zip 02920		Zip 02920	
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 Lorena A. Dodge		Date 7/8/21	
Signature of Officer/Authorized Representative <i>Lorena A. Dodge</i>		Treasurer	

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov