



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

FILED

JUL 15 2021

BY [Signature]

- 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 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) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name George Daigneault			Vice-President Name George Daigneault		
Street Address 417 Dyer Ave			Street Address 417 Dyer Ave		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name George Daigneault			Treasurer Name Lorena A. Dodge		
Street Address 417 Dyer Ave.			Street Address 49 Sherman Ave.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Joyce Kennedy			Director Name Joffrey McKenney		
Street Address 417 Dyer Ave			Street Address 118 Ausdale Rd.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	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	Zip 02920	City Johnston	State RI	Zip 02938
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 Lorena A. Dodge Treasurer				Date 7/8/21	
Signature of Officer/Authorized Representative [Signature]					

MAIL TO:
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