



State of Rhode Island
Department of State - Business Services Division

FILED

JUL 15 2021

BY 32207

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 000028813		2. Exact name of the Corporation QUIDNESSETT MEMORIAL CEMETERY			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CEMETERY BUSINESS			
4. NAICS Code 812220 <input type="checkbox"/>					
6. Principal Office Address 6365 POST ROAD		City NORTH KINGSTOWN		State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name W. ROBERT KALANDAR, JR			Vice-President Name MARGARET R. DECUBELLIS		
Street Address 63 WEST WIND DRIVE, PO BOX 378			Street Address 27 LEE ANN DRIVE		
City JAMESTOWN		State RI	Zip 02835	City NARRAGANSETT	
				State RI	Zip 02882
Secretary Name SALLY A. RUSSELL			Treasurer Name ALLAN J. STOPPARD		
Street Address 700 MAIN STREET, PO BOX 572			Street Address 1387 PLAINFIELD PIKE		
City EAST GREENWICH		State RI	Zip 02818	City GREENE	
				State RI	Zip 02827
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 RICHARD C. LEWIS			Director Name ROBERT F. KIMBALL		
Street Address 2400 SOUTH COUNTY TRAIL			Street Address 36 EDGEWATER DRIVE		
City EAST GREENWICH		State RI	Zip 02818	City WAKEFIELD	
				State RI	Zip 02879
Director Name LEON C. KNUDSON			Director Name JEFFREY A. MANICKAS		
Street Address 348 PLAINFIELD PIKE			Street Address 91 WOODS WAY		
City GREENE		State RI	Zip 02827	City NORTH KINGSTOWN	
				State RI	Zip 02852
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 Allison H. Morrison				Date 7/7/21	
Signature of Officer/Authorized Representative 					