



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:**  
**Non-Profit Corporation**

2021

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 BUS SVCS DIV

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- 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 <b>000028354</b>		2. Exact name of the Corporation <b>OAK HILL CEMETERY</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>ERECTED THROUGH THE GENERAL ASSEMBLY DURING THE JANUARY SESSION OF 1856 BURIALS + HISTORIC REMEMBRANCE</b>			
4. NAICS Code <b>813910</b>					
6. Principal Office Address <b>204 RATTAPAN ST,</b>			City <b>WINDSOR</b>	State <b>RI</b>	Zip <b>02895</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>EUZABETA VANDER</b>			Vice-President Name		
Street Address <b>335 HARKES AVE.</b>			Street Address		
City <b>WINDSOR</b>	State <b>RI</b>	Zip <b>02895</b>	City	State	Zip
Secretary Name			Treasurer Name <b>NILMA JENKES</b>		
Street Address			Street Address <b>17 CRESCENT ROAD</b>		
City	State	Zip	City <b>PANTUCKET</b>	State <b>RI</b>	Zip <b>02881</b>
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 <b>EUZABETA VANDER</b>			Director Name <b>NILMA JENKES</b>		
Street Address <b>335 HARKES AVE.</b>			Street Address <b>17 CRESCENT ROAD</b>		
City <b>WINDSOR</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>PANTUCKET</b>	State <b>RI</b>	Zip <b>02881</b>
Director Name <b>FREDERICK SCHROEDER</b>			Director Name		
Street Address <b>106 RIVER ST.</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>EUZABETA VANDER</b>				Date <b>12.10.21</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>				<b>FILED</b>	

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