



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED AMP

APR 18 2022

BY

1. Entity ID Number 61364		2. Exact name of the Corporation Rhode Island Cemetery Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Discuss and Act on Issues Common To the Cemetery Industry in RI			
4. NAICS Code 813910-Business Assoc.					
6. Principal Office Address One Rhode Island Ave.		City Johnston		State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Raposa			Vice-President Name None		
Street Address 80 St. Mary Dr.			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Linda D. Manuppelli			Treasurer Name Same as Secretary		
Street Address One Rhode Island Ave			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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 William Caldwell, Past President			Director Name Enzly Ramsay		
Street Address 585 Blackstone Blvd			Street Address PO Box 407		
City Providence	State RI	Zip 02907	City Bristol	State RI	Zip 02809
Director Name Thomas Rogers			Director Name Joseph R. Swift, Legislative Liason		
Street Address 80 Everett St.			Street Address One Rhode Island Ave		
City Pawtucket	State RI	Zip 02861	City Johnston	State RI	Zip 02919
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 Linda D. Manuppelli, Secretary/Treasurer				Date 4/15/22	
Signature of Officer/Authorized Representative <i>Linda D. Manuppelli</i>					

MAIL TO:

Division of Business Services

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