



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

APR 18 2022

BY

1. Entity ID Number 000026347		2. Exact name of the Corporation Highland Memorial Park			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Cemetery and Memorial Services			
4. NAICS Code 812220					
6. Principal Office Address 1 Rhode Island Ave.			City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Joseph R. Swift			Vice-President Name N/A (none)		
Street Address 1 Rhode Island Ave.			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Russell Brush			Treasurer Name Robert J. Civetti		
Street Address 1 Rhode Island Ave.			Street Address 1 Rhode Island Ave.		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 checked="" type="checkbox"/></span>					
Director Name Wilfrid L. Gates			Director Name Joseph R. Swift		
Street Address 1 Rhode Island Ave.			Street Address 1 Rhode Island Ave.		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Russell Brush			Director Name Barry L. Yeaw		
Street Address 1 Rhode Island Ave.			Street Address 1 Rhode Island Ave.		
City Johnston	State RI	Zip 02919	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.					
<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 Joseph R. Swift, President				Date 4/7/2022	
Signature of Officer/Authorized Representative 					

TO W26247  
*Highland Memorial Park*

1 RHODE ISLAND AVENUE JOHNSTON, RHODE ISLAND 02919-2120

(off Geo. Waterman Road)

(401) 231-9120

Fax (401) 232-7510

ATTACHMENT: ADDITIONAL DIRECTORS

Linda Abatecola  
1 Rhode Island Ave.  
Johnston, RI 02919

Theodore Richard  
1 Rhode Island Ave.  
Johnston, RI 02919

Robert J. Civetti  
1 Rhode Island Ave.  
Johnston, RI 02919

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APR 18 2022

BY

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