



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

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- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 28345		2. Exact name of the Corporation OAK-DELL CEMETERY CO.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CEMETERY OPERATION			
4. NAICS Code 812220					
6. Principal Office Address 114 B SHEFFIELD HILL RD.		City EXETER	State R.I	Zip 02822	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name NONE		Vice-President Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name BRAD GOFF		Treasurer Name BRAD GOFF			
Street Address 114 B SHEFFIELD HILL RD.		Street Address 114 B SHEFFIELD HILL RD.			
City EXETER	State R.I	Zip 02822	City EXETER	State R.I	Zip 02822
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 HOLLY SMITH		Director Name CAROLYN CRIST SCHWAB			
Street Address P.O. BOX A		Street Address 4606 CROWNE LAKE CIRCLE			
City PEACE DALE	State R.I.	Zip 02883	City JAMESTOWN	State N.C.	Zip 27282
Director Name KAREN ELLSWORTH		Director Name			
Street Address 180 MATUNUCK SCHOOL HOUSE RD		Street Address			
City WAKEFIELD	State R.I.	Zip 02879	City	State	Zip
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 BRAD GOFF				Date 1/20/23	
Signature of Officer/Authorized Representative <i>Brad Goff</i>					

MAIL TO:
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 Website: www.sos.ri.gov