



State of Rhode Island

Department of State - Business Services Division

FILED

JAN 25 2023

BY

Annual Report for the year: 2023

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.

1. Entity ID Number 000133755		2. Exact name of the Corporation Winsor Family Cemetery Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To Maintain the Winsor Family Cemetery Plot in Smithfield, Rhode Island			
4. NAICS Code 813312 - Environment, Conse					
6. Principal Office Address 71 Cranberry Drive		City Scituate		State RI	Zip 02831
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark E Gardiner			Vice-President Name Brenda W Gardiner		
Street Address 71 Cranberry Drive			Street Address 71/Cranberry Drive		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
Secretary Name Brenda W Gardiner			Treasurer Name Mark E Gardiner		
Street Address 71 Cranberry Drive			Street Address 71 Cranberry Drive		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
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 Mark E Gardiner			Director Name Brenda W Gardiner		
Street Address 71 Cranberry Drive			Street Address 71 Cranberry Drive		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
Director Name Adam N Gardiner			Director Name		
Street Address 909 Stony Lane			Street Address		
City North Kingstown	State RI	Zip 02852	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 MARK E. GARDINER				Date 1-21-2023	
Signature of Officer/Authorized Representative Mark E. Gardiner					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021