



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2023

FEB 06 2023

243802

→ 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 000028350		2. Exact name of the Corporation OAK GROVE CEMETERY ASSOCIATION	
3. State of Incorporation 01-01-1865 RI		5. Brief description of the character of business conducted in Rhode Island SALE OF CEMETERY PLOTS; GROUNDS MAINTENANCE; CEMETERY BURIALS; HEADSTONES ERECTIONS & REPAIRS	
4. NAICS Code 813910			
6. Principal Office Address 5 KNIGHT STREET		City ASHAWAY	State RI Zip 02804
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name GORDON W. DATES		Vice-President Name WILLIAM BRIDGE	
Street Address 5 KNIGHT STREET		Street Address 20 DIAMOND HILL ROAD	
City ASHAWAY	State RI	Zip 02804	City ASHAWAY State RI Zip 02804
Secretary Name BARBARA CAPALBO		Treasurer Name GORDON W. DATES	
Street Address 8 LYNN LANE		Street Address 5 KNIGHT STREET	
City ASHAWAY	State RI	Zip 02804	City ASHAWAY State RI Zip 02804
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 STEVE AHERN		Director Name CHRIS VANDENBOSCHE	
Street Address 4 MASTUXET AVENUE		Street Address HIGH STREET	
City WESTERLY	State RI	Zip 02891	City ASHAWAY State RI Zip 02804
Director Name ROBERT WARD		Director Name ROBERT KENYON	
Street Address 30 DIAMOND HILL ROAD		Street Address 2 OVERLOOK DRIVE	
City ASHAWAY	State RI	Zip 02804	City ASHAWAY State RI Zip 02804
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 BARBARA CAPALBO		Date 2-4-2023	
Signature of Officer/Authorized Representative <i>Barbara Capalbo</i>			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov