



State of Rhode Island
Department of State - Business Services Division

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.

FILED
FEB 21 2023

1. Entity ID Number 29609		2. Exact name of the Corporation Spears Cemetery Association		BY <u>JOS</u>	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Perpetual care of the Spears Cemetery, its lots and grounds Perpetual care of the Spears Cemetery, it's lots and grounds			
4. NAICS Code 81220					
6. Principal Office Address 58A East Killingly Road		City Foster	State RI	Zip 02825	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John C. Neale			Vice-President Name Rachel Velardo		
Street Address 58A East Killingly Road			Street Address 552 Victory Highway		
City Foster	State RI	Zip 02825	City West Greenwich	State RI	Zip 02817
Secretary Name Elizabeth Mellor-Cunningham			Treasurer Name John C. Neale		
Street Address 192 New Road			Street Address 58A East Killingly Road		
City Exeter	State RI	Zip 02822	City Foster	State RI	Zip 02825
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 Rachel Velardo			Director Name Timothy N. Gorham		
Street Address 552 Victory Highway			Street Address 33 Dewberry Lane		
City West Greenwich	State RI	Zip 02817	City Wakefield	State RI	Zip 02825
Director Name John C. Neale			Director Name Elizabeth Mellor-Cunningham		
Street Address 58A East Killingly Rd.			Street Address 192 New Road		
City Foster	State RI	Zip 02825	City Exeter	State RI	Zip 02822
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.					
<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 John C. Neale				Date 2/22/2023	
Signature of Officer/Authorized Representative <i>John C. Neale</i>					

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