



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

FEB 23 2023

177 *or*

→ 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 30302		2. Exact name of the Corporation Portsmouth Cemetery Corp.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Maintaining a final resting place for the departed.			
4. NAICS Code 812220					
6. Principal Office Address 124 Hedly St.			City Portsmouth	State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald L. Chace			Vice-President Name Richard H. Hatch Sr.		
Street Address 124 Hedly St.			Street Address 2105 East Main Rd		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Melissa Baker			Treasurer Name Barbara C. Sherman		
Street Address 178 Middle Rd			Street Address 126 East Main Rd		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
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 Wilkey			Director Name Samuel P. Fay		
Street Address 3140 East Main Rd			Street Address 26 Bluebird Ln.		
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
Director Name Mark Thayer			Director Name David M. Gleason		
Street Address 295 King Charles Dr			Street Address 63 Massasoit Ave		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
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 Ronald L. Chace				Date 2/3/2023	
Signature of Officer/Authorized Representative <i>Ronald Chace</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov