



State of Rhode Island

Department of State - Business Services Division

FILED

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.

APR 03 2023
BY 29291

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1. Entity ID Number 000028813		2. Exact name of the Corporation Quidnessett Memorial Cemetery			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Cemetery Business			
4. NAICS Code 812220					
6. Principal Office Address 6365 Post Road		City North Kingstown		State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name W. Robert Kalandar, Jr.			Vice-President Name Margaret R. DeCubellis		
Street Address PO Box 378			Street Address 27 Lee Ann Drive		
City Jamestown	State RI	Zip 02835	City Narragansett	State RI	Zip 02882
Secretary Name Sally A. Russell			Treasurer Name Richard C. Lewis		
Street Address 272 Division Street			Street Address 2400 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 Leon C. Knudson			Director Name Jeffrey A. Manickas		
Street Address 348 Plainfield Pike			Street Address 91 Woods Way		
City Greene	State RI	Zip 02827	City North Kingstown	State RI	Zip 02852
Director Name Robert F. Kimball			Director Name Allan J. Stoppard		
Street Address 36 Edgewater Drive			Street Address 1387 Plainfield Pike		
City Wakefield	State RI	Zip 02879	City Greene	State RI	Zip 02827
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Allison H. Morrison				Date 3/30/23	
Signature of Officer/Authorized Representative 					

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

FORM 631 - Revised: 2/2023