



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

FILED

APR 11 2023

BY 4700

→ 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 000030569		2. Exact name of the Corporation UNION CEMETERY CORPORATION	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island OPERATE HISTORIC CEMETERY IN PORTSMOUTH, RI	
4. NAICS Code 813920			
6. Principal Office Address 191 FREEBORN STREET		City PORTSMOUTH	State RI Zip 02871
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name JEFFREY A. REISE		Vice-President Name PETER SANDHAM	
Street Address 191 FREEBORN STREET		Street Address 51 CHURCH LANE	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
Zip 02871		Zip 02871	
Secretary Name SCOTT N. SHARMAN		Treasurer Name JANE M. REISE	
Street Address 50 RIVER STREET		Street Address 191 FREEBORN STREET	
City RIVERSIDE EAST PROVIDENCE	State RI	City PORTSMOUTH	State RI
Zip 02913		Zip 02871	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name DONALD K. CLARK SR		Director Name KAREN OAKLEY	
Street Address 6 WASHAKIE DRIVE		Street Address 14 KAREN DRIVE	
City CENTER DOW NORTH PROVIDENCE	State RI	City PORTSMOUTH	State RI
Zip 02911		Zip 02871	
Director Name JAMES E. GARMAN		Director Name HUBERT E. LITTLE	
Street Address 14 SANDY POINT AVENUE		Street Address 442 UNION STREET	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
Zip 02871		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.			
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 JEFFREY A. REISE			Date MARCH 30, 2023
Signature of Officer/Authorized Representative <i>Jeffrey A. Reise</i>			