

State of Rhode Island

Department of State - Business Services Division

amended

2023 SEP 13 PM 1:03

*Munchlo*

Annual Report for the year:  
Non-Profit Corporation

2023

UPDATED AS OF ELECTION OF OFFICERS  
JULY 28, 2023

- 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			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island OPERATE HISTORIC CEMETERY			
4. NAICS Code 813920					
6. Principal Office Address 191 FREEBORN STREET			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 JEFFREY A. REISE			Vice-President Name PETER SANDHAM		
Street Address 191 FREEBORN STREET			Street Address 51 CHURCH LANE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name KAREN OAKLEY			Treasurer Name GARY GUMP		
Street Address 14 KAREN DRIVE			Street Address 37 AQUIDNECK AVE		
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 DONALD K. CLARK, SR			Director Name JAMES E. GARMAN		
Street Address 6 WASHAKIE DRIVE			Street Address 14 SANDY POINT AVE		
City NORTH PROVIDENCE	State RI	Zip 02919	City PORTSMOUTH	State RI	Zip 02871
Director Name DAVID WARREN			Director Name BRAD LITTLE		
Street Address 904 MIDDLE ROAD			Street Address 588 UNION STREET		
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.					
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 20 AUGUST 20, 23	
Signature of Officer/Authorized Representative <i>Jeffrey A. Reise</i>				FILED SEP 13 2023	

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

BY LKS 01:03pm



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

September 13, 2023 01:03 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

