

State of Rhode Island

Department of State - Business Services Division

amended

SECRETARY
CORPORATE

2023 SEP 13 PM 4:03

Annual Report for the year:

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.

2023

UPDATED AS OF ELECTION OF OFFICERS
JULY 28, 2023

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	City PORTSMOUTH	State RI
Zip 02871		Zip 02871	
Secretary Name KAREN OAKLEY		Treasurer Name GARY GUMP	
Street Address 14 KAREN DRIVE		Street Address 37 AQUIDNECK AVE	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
Zip 02871		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 CANTERDALE	State RI	City PORTSMOUTH	State RI
Zip 02919		Zip 02871	
Director Name DAVID WARREN		Director Name BRAD LITTLE	
Street Address 904 MIDDLE ROAD		Street Address 588 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 20 AUGUST 20, 23
Signature of Officer/Authorized Representative Jeffrey A. Reise			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