RI SOS Filing Number: 202342185320 Date: 10/12/2023 2:09:00 PM

State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2024
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.

1. Entity ID Number	2. Exact name of the Corporation
0026819	Elm Grove Cemetery Company 2023 OCT 12 P 2:03
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Cemetery
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
960 Tower Hill Rd	No. Kingstown	RI	02852

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Charles Lafreniere			Vice-President Name: Verna Lafreniere		
Street Address: 960 Tower Hill Rd			Street Address: 960 Tower Hill Rd		
City: No. Kingstown	State: RI	Zip: 02852	City: No. Kingstown	State: RI	Zip: 02852
Secretary Name: Verna Lafreniere			Treasurer Name: Charles Lafreniere		
Street Address: 960 Tower Hill Rd			Street Address: 960 Tower Hill Rd		
City: No. Kingstown	State: RI	Zip: 02852	City: No. Kingstown	State: RI	Zip: 02852

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Bernard Lafreniere			Director Name: Phyllis Oatley		
Street Address: 1159 Tower Hill Rd			Street Address: 1174 Ten Rod Rd		
City: No Kingstown	State: RI	Zip: 02852	City: Exeter	State: RI	Zip: 02822
Director Name: Charles Lafreniere			Director Name:		
Street Address: same as above			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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	Date
Charles Lafreniere	9/11/2023

Signature of Officer/Authorized Representative: Charles Lafreniere

FILED

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

2:09 OCT 12 2023 BY ML ZQEGG

FORM 631- Revised: 04/2023