



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2022

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 OCT 12 P 2:03

1. Entity ID Number 0026819		2. Exact name of the Corporation Elm Grove Cemetery Company	
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 960 Tower Hill Rd		City No. Kingstown	State RI Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City No. Kingstown	State RI
Zip 02852		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	City No. Kingstown	State RI
Zip 02852		Zip 02852	
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 Bernard Lafreniere		Director Name Phyllis Oatley	
Street Address 1159 Tower Hill Rd		Street Address 1174 Ten Rod Rd	
City No Kingstown	State RI	City Exeter	State RI
Zip 02852		Zip 02822	
Director Name Charles Lafreniere		Director Name	
Street Address same as above		Street Address	
City	State	City	State
Zip		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Charles Lafreniere			Date 9/11/2023
Signature of Officer/Authorized Representative <i>Charles Lafreniere</i>			

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

FILED
OCT 12 2023
2:07 BY ML ZQEGG