



**State of Rhode Island
Department of State - Business Services Division**

STAMP

Annual Report for the year: 2019

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

1. Entity ID Number 0026819		2. Exact name of the Corporation 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 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	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 <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	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.							
<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 							

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

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OCT 12 2023

BY ML ZQEGG FORM 631- Revised 04/2023