



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 01 2024

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.

EY

1. Entity ID Number 001660069		2. Exact name of the Corporation Friends of Island Cemetery			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Excusively for education and charitable contributions.			
4. NAICS Code 812220					
6. Principal Office Address 30 Warner Street		City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Pamela Kelley			Vice-President Name Walter Reed		
Street Address 20 Willow Street			Street Address 56 Old Beach Road		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Kevin Kelley			Treasurer Name Frank Ray		
Street Address 4 Elm Street			Street Address 228 Spring Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Walter Reed			Director Name Pamela Kelley		
Street Address 56 Old Beach Road			Street Address 20 Willow St		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Frank Ray			Director Name		
Street Address 228 Spring St			Street Address		
City Newport	State RI	Zip 02840	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 Sharon Hussey				Date 01/28/2024	
Signature of Officer/Authorized Representative <i>S Hussey</i>					

MAIL TO:

Division of Business Services
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