



State of Rhode Island  
Department of State - Business Services Division

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.

FEB 14 2024 STAMP

11/2

OK

1. Entity ID Number <b>28345</b>		2. Exact name of the Corporation <b>DAK-DELL CEMETERY CO.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>CEMETERY OPERATION</b>			
4. NAICS Code <b>812220</b>					
6. Principal Office Address <b>114 B SHEFFIELD Hill RD</b>			City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>NONE</b>			Vice-President Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name <b>BRAD GOFF</b>			Treasurer Name <b>BRAD GOFF</b>		
Street Address <b>114 B SHEFFIELD Hill RD</b>			Street Address <b>114 B SHEFFIELD Hill RD</b>		
City <b>EXETER</b>	State <b>R.I.</b>	Zip <b>02822</b>	City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>HOLLY SMITH</b>			Director Name <b>CAROLYN CRIST-SATWAB</b>		
Street Address <b>P.O. Box A</b>			Street Address <b>4606 CROWNE LAKE CIRCLE</b>		
City <b>PEACE DALE</b>	State <b>RI</b>	Zip <b>02883</b>	City <b>JAMESTOWN</b>	State <b>A.C.</b>	Zip <b>02282</b>
Director Name <b>KAREN ELLSWORTH</b>			Director Name		
Street Address <b>180 MATUNUCK SCHOOL HOUSE RD.</b>			Street Address		
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>BRAD GOFF</b>					Date <b>2/8/24</b>
Signature of Officer/Authorized Representative <i>Brad Goff</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov