



State of Rhode Island  
Department of State - Business Services Division

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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<br><b>28345</b>  |                     | 2. Exact name of the Corporation<br><b>DAK-DELL CEMETERY CO.</b>   |  |                      |                       |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>   |                     | 5. Brief description of the character of business conducted in Rhode Island<br><b>CEMETERY OPERATION</b> |  |                      |                       |
| 4. NAICS Code<br><b>812220</b>   |                     |  |  |                      |                       |
| 6. Principal Office Address<br><b>114 B SHEFFIELD HILL RD</b>  |                     |  | City<br><b>EXETER</b>                            | State<br><b>RI</b>   | Zip<br><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<br><b>NONE</b>  |                     |  | Vice-President Name<br><b>NONE</b>               |                      |                       |
| Street Address   |                     |  | Street Address                                   |                      |                       |
| City   | State               | Zip  | City   | State                | Zip                   |
| Secretary Name<br><b>BRAD GOFF</b>   |                     |  | Treasurer Name<br><b>BRAD GOFF</b>               |                      |                       |
| Street Address<br><b>114 B SHEFFIELD HILL RD</b>   |                     |  | Street Address<br><b>114 B SHEFFIELD HILL RD</b> |                      |                       |
| City<br><b>EXETER</b>  | State<br><b>R.I</b> | Zip<br><b>02822</b>  | City<br><b>EXETER</b>                            | State<br><b>RI</b>   | Zip<br><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<br><b>HOLLY SMITH</b>  |                     |  | Director Name<br><b>CAROLYN CRIST-SATWAB</b>     |                      |                       |
| Street Address<br><b>P.O. BOX A</b>  |                     |  | Street Address<br><b>4606 CROWNE LAKE CIRCLE</b> |                      |                       |
| City<br><b>PEACE DALE</b>  | State<br><b>RI</b>  | Zip<br><b>02883</b>  | City<br><b>JAMESTOWN</b>                         | State<br><b>R.I.</b> | Zip<br><b>02822</b>   |
| Director Name<br><b>KAREN ELLSWORTH</b>  |                     |  | Director Name                                    |                      |                       |
| Street Address<br><b>180 MATUNUCK SCHOOL HOUSE RD.</b>   |                     |  | Street Address                                   |                      |                       |
| City<br><b>WAKEFIELD</b>   | State<br><b>RI</b>  | Zip<br><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<br><b>BRAD GOFF</b>  |                     |  |  |                      | Date<br><b>2/8/24</b> |
| Signature of Officer/Authorized Representative<br><i>Brad Goff</i>   |                     |  |  |                      |                       |

MAIL TO:  
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