RI SOS Filing Number: 202447468940 Date: 2/26/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FEB 26 2024

7513 82

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	2. Exact name of the Corporation
000028350	OAK GROVE CEMETERY ASSOCIATION
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: SALE OF CEMETERY PLOTS, GROUNDS MAINTENANCE, BURIALS, HEADSTONE ERECTION & REPAIR
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
GORDON OATES 5 KNIGHT ST.	ASHAWAY	RI	02804

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
GORDON OATES	WILLIAM BRIDGE
Street Address: 5 KNIGHT ST	Street Address: 20 DIAMOND HILL RD
City: ASHAWAY State: RI Zip: 02804	City: ASHAWAY State: RI Zip: 02804
Secretary Name	**Treasurer Name**
BARBARA CAPALBO	GORDON OATES
Street Address: 8 LYNN LANE	Street Address: 5 KNIGHT ST
City: ASHAWAY State: RI Zip: 02804	City: ASHAWAY State: RI Zip: 02804

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
STEVE AHERN	CHRIS VANDEN BOSCHE
Street Address: 4 MASTUXET AVENUE	Street Address: HIGH STREET
City: WESTERLY State: RI Zip: 02891	City: ASHAWAY State: RI Zip: 02804
Director Name	**Director Name**
ROBERT WARD	RON PRELLWITZ
Street Address: 30 DIAMOND HILL RD	Street Address: 278 MAIN ST.
City: ASHAWAY State: RI Zip: 02804	City: ASHAWAY State: RI Zip: 02804

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
BARBARA CAPALBO	2-22-2024

Signature of Officer/Authorized Representative: Barbara Capalbo

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

FORM 631- Revised: 12/2023