



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.

**FILED**  
MAR 13 2024  
BY US13  
*[Signature]*

1. Entity ID Number <u>000030569</u>		2. Exact name of the Corporation <u>UNION CEMETERY</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>OPERATE HISTORIC CEMETERY</u>	
4. NAICS Code <u>813920</u>			
6. Principal Office Address <u>191 FREEBORN STREET</u>		City <u>PORTSMOUTH</u>	State <u>RI</u> Zip <u>02871</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
President Name <u>JEFFREY A. REISE</u>		Vice-President Name <u>PETER SANDHAM</u>	
Street Address <u>191 FREEBORN STREET</u>		Street Address <u>51 CHURCH LANE</u>	
City <u>PORTSMOUTH</u>	State <u>RI</u>	City <u>PORTSMOUTH</u>	State <u>RI</u> Zip <u>02871</u>
Secretary Name <u>KAREN DAKLEY</u>		Treasurer Name <u>GARY GUMP</u>	
Street Address <u>14 KAREN DRIVE</u>		Street Address <u>37 ADULNECK AVENUE</u>	
City <u>PORTSMOUTH</u>	State <u>RI</u>	City <u>PORTSMOUTH</u>	State <u>RI</u> Zip <u>02871</u>
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 <u>DONALD K CLARK, SR.</u>		Director Name <u>JAMES E. GARMAN</u>	
Street Address <u>6 WASHAKIE DRIVE</u>		Street Address <u>14 SANDY POINT ROAD</u>	
City <u>CENTERTALE</u>	State <u>RI</u>	City <u>PORTSMOUTH</u>	State <u>RI</u> Zip <u>02871</u>
Director Name <u>DAVID WARREN</u>		Director Name <u>BRADFORD LITTLE</u>	
Street Address <u>904 MIDDLE ROAD</u>		Street Address <u>599 UNION STREET</u>	
City <u>PORTSMOUTH</u>	State <u>RI</u>	City <u>PORTSMOUTH</u>	State <u>RI</u> Zip <u>02871</u>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641. <u>YES</u>			
<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>			
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 <u>JEFFREY A. REISE, CORPORATION PRESIDENT</u>			Date <u>MARCH 9, 2024</u>
Signature of Officer/Authorized Representative <i>Jeffrey A. Reise</i>			