



State of Rhode Island
Department of State - Business Services Division

FILED
MAR 13 2024
BY USIB
[Signature]

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 <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) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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>	Zip <u>02871</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>	Zip <u>02871</u>	City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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> <u>NORTH PROVIDENCE</u>	State <u>RI</u>	Zip <u>02871</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>	Zip <u>02871</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>					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
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>					

MAIL TO:
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Website: www.sos.ri.gov