



State of Rhode Island
Department of State - Business Services Division

FILED 1

Annual Report for the year: 2024
Non-Profit Corporation

MAR 18 2024

BY 1443

- 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 70382	2. Exact name of the Corporation THE ST. PAUL EVANGELICAL LUTHERAN CHURCH CEMETERY, INC.
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island TO DEVELOP, MAINTAIN, OPERATE AND MANAGE CEMETERIES IN THE CITIES OF WARWICK AND CRANSTON, R.I.
4. NAICS Code 81222	

6. Principal Office Address 389 GREENWICH AVE.	City WARWICK	State R.I.	Zip 02886
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JUDY FORGUE			Vice-President Name ROBERT JACOB		
Street Address 58 JUSTIN WAY			Street Address 69 HIGH POINT DR.		
City CRANSTON	State RI	Zip 02910	City EAST GREENWICH	State RI	Zip 02818
Secretary Name DALE WHITNEY			Treasurer Name CAROLYN ROMELCZYK		
Street Address 99 MYRTLE AVE.			Street Address 141 NATICK AVE.		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886

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 JOANNE CORBETT			Director Name MELISSA MARTIN		
Street Address 295 MERRYMOUNT DR.			Street Address 105 COOPER LANE		
City WARWICK	State RI	Zip 02888	City EAST GREENWICH	State RI	Zip 02818
Director Name MICHAEL MARZULLO			Director Name		
Street Address 17 HARMONY ST.			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip

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 CAROLYN ROMELCZYK, TREASURER	Date 3/13/24
Signature of Officer/Authorized Representative <i>Carolyn Romelczyk</i>	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov