

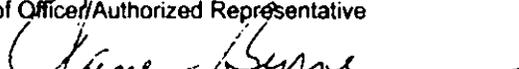


**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year:** 2024  
**Non-Profit Corporation**

APR 05 2024  
2743 JR

- 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>000026226</b>  |                 | 2. Exact name of the Corporation<br><b>Diamond Hill Cemetery</b>   |   |                         |                     |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Owning and maintaining a cemetery.</b> |   |                         |                     |
| 4. NAICS Code<br><b>812220</b>   |                 |  |   |                         |                     |
| 6. Principal Office Address<br><b>12 Ridgeland Drive</b>   |                 |  | City<br><b>Cumberland</b>                   | State<br><b>RI</b>      | Zip<br><b>02864</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 <b>Jane Byrne</b>   |                 |  | Vice-President Name <b>William Haggerty</b> |                         |                     |
| Street Address <b>12 Ridgeland Drive</b>   |                 |  | Street Address <b>150 Pine Swamp Road</b>   |                         |                     |
| City <b>Cumberland</b>   | State <b>RI</b> | Zip <b>02864</b>   | City <b>Cumberland</b>                      | State <b>RI</b>         | Zip <b>02864</b>    |
| Secretary Name <b>Edward Cowger</b>  |                 |  | Treasurer Name <b>TBD</b>                   |                         |                     |
| Street Address <b>196 Old River Road</b>   |                 |  | Street Address                              |                         |                     |
| City <b>Lincoln</b>  | State <b>RI</b> | Zip <b>02865</b>   | City  | State                   | Zip                 |
| 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 <b>Ronald Schofield</b>  |                 |  | Director Name <b>Ryan Schofield</b>         |                         |                     |
| Street Address <b>4420 Diamond Hill Road</b>   |                 |  | Street Address <b>25 Sumner Brown Road</b>  |                         |                     |
| City <b>Cumberland</b>   | State <b>RI</b> | Zip <b>02864</b>   | City <b>Cumberland</b>                      | State <b>RI</b>         | Zip <b>02864</b>    |
| Director Name <b>Karen Racine</b>  |                 |  | Director Name                               |                         |                     |
| Street Address <b>58 Nancy Drive</b>   |                 |  | Street Address                              |                         |                     |
| City <b>Cumberland</b>   | State <b>RI</b> | Zip <b>02864</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>        |                 |  |   |                         |                     |
| <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<br><b>Jane Byrne</b>   |                 |  |   | Date<br><b>4/3/2024</b> |                     |
| Signature of Officer/Authorized Representative<br>  |                 |  |   |                         |                     |

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