



State of Rhode Island
Department of State - Business Services Division

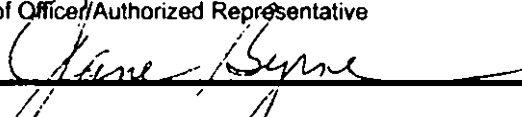
Annual Report for the year: 2024

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.

APR 05 2024

2743

1. Entity ID Number 000026226		2. Exact name of the Corporation Diamond Hill Cemetery			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Owning and maintaining a cemetery.			
4. NAICS Code 812220					
6. Principal Office Address 12 Ridgeland Drive			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jane Byrne			Vice-President Name William Haggerty		
Street Address 12 Ridgeland Drive			Street Address 150 Pine Swamp Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Edward Cowger			Treasurer Name TBD		
Street Address 196 Old River Road			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
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 Ronald Schofield			Director Name Ryan Schofield		
Street Address 4420 Diamond Hill Road			Street Address 25 Sumner Brown Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Karen Racine			Director Name		
Street Address 58 Nancy Drive			Street Address		
City Cumberland	State RI	Zip 02864	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.					
<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 Jane Byrne				Date 4/3/2024	
Signature of Officer/Authorized Representative 					

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