



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022**Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 REC'D RIDOS BSD
24 JUN 25 AM 11:13

1. Entity ID Number 12838		2. Exact name of the Corporation Greenwood Burial Grounds	
3. Principal Office Address 893 HARTFORD PIKE		City N. Scituate	State RI
4. NAICS Code 812220		6. Brief description of the character of business conducted in Rhode Island Cemetery	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Gordon G. CARLTON		Vice-President Name Joanne CARLTON	
Street Address 893 HARTFORD PIKE		Street Address 893 HARTFORD PIKE	
City N. Scituate	State RI	City N. Scituate	State RI
Secretary Name Joanne CARLTON		Treasurer Name Joanne CARLTON	
Street Address 893 HARTFORD PIKE		Street Address 893 HARTFORD PIKE	
City N. Scituate	State RI	City N. Scituate	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Gordon G. CARLTON		Director Name Joanne CARLTON	
Street Address 893 HARTFORD PIKE		Street Address 893 HARTFORD PIKE	
City N. Scituate	State RI	City N. Scituate	State RI
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		100	
		100	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.			
Name of Authorized Representative Joanne CARLTON		Date 6/24/24	
Signature of Authorized Representative <i>Joanne Carlton</i>		FILED JUN 26 2024 BY ATHT6	