



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020  
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 26 PM 11:13:25

1. Entry ID Number <u>12838</u>		2. Exact name of the Corporation <u>Greenwood Burial Grounds</u>			
3. Principal Office Address <u>893 HARTFORD PIKE</u>		City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	
4. NAICS Code <u>812220</u>		6. Brief description of the character of business conducted in Rhode Island <u>Cemetery</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Gordon G. CARLTON</u>			Vice-President Name <u>Joanne CARLTON</u>		
Street Address <u>893 HARTFORD PIKE</u>			Street Address <u>893 HARTFORD PIKE</u>		
City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
Secretary Name <u>Joanne CARLTON</u>			Treasurer Name <u>Joanne CARLTON</u>		
Street Address <u>893 HARTFORD PIKE</u>			Street Address <u>893 HARTFORD PIKE</u>		
City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Gordon G. CARLTON</u>			Director Name <u>Joanne CARLTON</u>		
Street Address <u>893 HARTFORD PIKE</u>			Street Address <u>893 HARTFORD PIKE</u>		
City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 <u>Joanne CARLTON</u>			Date <u>6/24/24</u>		
Signature of Authorized Representative <u>Joanne Carlton</u>			FILED <u>11/26/2024</u> BY <u>ATHT6</u>		