



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

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 AM 11:13:23

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	Zip 02857	
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	Zip 02857	City N. Scituate	State RI	Zip 02857
Secretary Name Joanne CARLTON			Treasurer Name Joanne CARLTON		
Street Address 893 HARTFORD PIKE			Street Address 893 HARTFORD PIKE		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
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	Zip 02857	City N. Scituate	State RI	Zip 02857
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>			JUN 26 2024		