



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

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					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
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 11/16 JUN 26 2024