

REC'D RIDOS BSD
24 JUL 5 PM 3:32:22State of Rhode Island
Department of State - Business Services DivisionAnnual 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.

1. Entity ID Number <u>000028354</u>		2. Exact name of the Corporation <u>OAK HILL CEMETERY</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>EMERGED FROM THE GENERAL ASSEMBLY DURING THE JANUARY SESSION 1856 BURIALS + HISTORIC REMEMBRANCE</u>	
4. NAICS Code <u>813910</u>			
6. Principal Office Address <u>204 RATTIBUN ST.</u>		City <u>WONSONSET</u>	State <u>RI</u> Zip <u>02895</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>EUGENIA VANCE</u>		Vice-President Name	
Street Address <u>335 HARPER AVE.</u>		Street Address	
City <u>WONSONSET</u>	State <u>RI</u>	Zip <u>02895</u>	
Secretary Name <u>JOSEPH FRANKS</u>		Treasurer Name	
Street Address <u>17 WESCENT ROAD</u>		Street Address	
City <u>PANMUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	
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 <u>EUGENIA VANCE</u>		Director Name <u>JOSEPH FRANKS</u>	
Street Address <u>335 HARPER AVE.</u>		Street Address <u>17 WESCENT ROAD</u>	
City <u>WONSONSET</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>PANMUCKET</u> State <u>RI</u> Zip <u>02861</u>
Director Name <u>FREDERICK SUTHERLAND</u>		Director Name	
Street Address <u>106 DEXTER ST</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>EUGENIA VANCE</u>			Date <u>7.5.24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED 332
 JUL - 5 2024
 BY XGWR

FORM 631- Revised: 04/2023