



**State of Rhode Island  
Department of State - Business Services Division**

**Annual 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<br><b>00029784</b>   |                 | 2. Exact name of the Corporation<br><b>Phillips Memorial Cemetery</b>  |   |                        |                  |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><br><b>Cemetery Maintenance</b> |   |                        |                  |
| 4. NAICS Code<br><b>812200</b>   |                 |  |   |                        |                  |
| 6. Principal Office Address<br><b>84 Spruce Avenue</b>   |                 | City<br><b>Narragansett</b>  | State<br><b>RI</b>                          | Zip<br><b>02882</b>    |                  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |   |                        |                  |
| President Name <b>Benjamin A. Phillips</b>   |                 |  | Vice-President Name <b>Mary F. Phillips</b> |                        |                  |
| Street Address <b>24 Spruce Avenue</b>   |                 |  | Street Address <b>24 Spruce Avenue</b>      |                        |                  |
| City <b>Narragansett</b>   | State <b>RI</b> | Zip <b>02882</b>   | City <b>Narragansett</b>                    | State <b>RI</b>        | Zip <b>02882</b> |
| Secretary Name <b>Kermit Weiselquist</b>   |                 |  | Treasurer Name <b>Mary F. Phillips</b>      |                        |                  |
| Street Address <b>174 Depot Road</b>   |                 |  | Street Address <b>24 Spruce Avenue</b>      |                        |                  |
| City <b>Westford</b>   | State <b>MA</b> | Zip <b>01886</b>   | City <b>Narragansett</b>                    | State <b>RI</b>        | Zip <b>02882</b> |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |  |   |                        |                  |
| Director Name <b>Benjamin A. Phillips</b>  |                 |  | Director Name <b>Mary F. Phillips</b>       |                        |                  |
| Street Address <b>24 spruce Avenue</b>   |                 |  | Street Address <b>24 Spruce Avenue</b>      |                        |                  |
| City <b>Narragansett</b>   | State <b>RI</b> | Zip <b>02882</b>   | City <b>Narragansett</b>                    | State <b>RI</b>        | Zip <b>02882</b> |
| Director Name <b>Linda Weiselquist</b>   |                 |  | Director Name <b>Kermit Weiselquist</b>     |                        |                  |
| Street Address <b>174 Depot Road</b>   |                 |  | Street Address <b>174 Depot Road</b>        |                        |                  |
| City <b>Westford</b>   | State <b>Ma</b> | Zip <b>01886</b>   | City <b>Westford MA</b>                     | State <b>RI</b>        | Zip <b>01886</b> |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |                 |  |   |                        |                  |
| <i>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.</i>        |                 |  |   |                        |                  |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>                                 |                 |  |   |                        |                  |
| Name of Officer/Authorized Representative<br><b>Benjamin A. Phillips</b>   |                 |  |   | Date<br><b>10/8/24</b> |                  |
| Signature of Officer/Authorized Representative<br>   |                 |  |   | <b>FILED</b>           |                  |

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

**OCT 10 2024**  
**BY JPDGJ** **AA 10:45 AM**