



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

Annual Report for the year: 2018
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 00029784	2. Exact name of the Corporation Phillips Memorial Cemetery
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Cemetery Maintenance
4. NAICS Code 812220	

6. Principal Office Address 84 Spruce Avenue	City Narragansett	State RI	Zip 02882
--	-----------------------------	--------------------	---------------------

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Benjamin A. Phillips			Vice-President Name Mary F. Phillips		
Street Address 24 Spruce Avenue			Street Address 24 Spruce Avenue		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Kermit Weiselquist			Treasurer Name Mary F. Phillips		
Street Address 174 Depot Road			Street Address 24 Spruce Avenue		
City Westford	State MA	Zip 01886	City Narragansett	State RI	Zip 02882

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 Benjamin A. Phillips			Director Name Mary F. Phillips		
Street Address 24 spruce Avenue			Street Address 24 Spruce Avenue		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Linda Weiselquist			Director Name Kermit Weiselquist		
Street Address 174 Depot Road			Street Address 174 Depot Road		
City Westford	State Ma	Zip 01886	City Westford MA	State RI	Zip 01886

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 Benjamin A. Phillips	Date 10/8/24
Signature of Officer/Authorized Representative 	

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 AA
OCT 10 2024
BY JPPOY **10:39 AM**