



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 <b>00029784</b>	2. Exact name of the Corporation <b>Phillips Memorial Cemetery</b>
3. State of Incorporation <b>Rhode Island</b>	5. Brief description of the character of business conducted in Rhode Island  <b>Cemetery Maintenance</b>
4. NAICS Code <b>812220</b>	

6. Principal Office Address <b>84 Spruce Avenue</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
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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 MUST list at least THREE 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.

**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 <b>Benjamin A. Phillips</b>	Date <b>10/8/24</b>
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 **JPOUY** **10:39 AM**