



State of Rhode Island
Department of State - Business Services Division

DEC 12 2024

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Annual Report for the year: 2025
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 000028686		2. Exact name of the Corporation Chepachet Cemetery Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Cemetery and Burials			
4. NAICS Code 812220					
6. Principal Office Address 1049 Putnam Pike, PO Box 4			City Chepachet	State R.I.	Zip 02814
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Chace			Vice-President Name		
Street Address 54 Chopmist Hill Rd.			Street Address		
City Chepachet	State R.I.	Zip 02814	City	State	Zip
Secretary Name Lynn Tucker			Treasurer Name Jane A Steere		
Street Address 37 Douglas Hook Rd.			Street Address 1311 Putnam Pike		
City Chepachet	State R.I.	Zip 02814	City Chepachet	State R.I.	Zip 02814
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 Walter Disney			Director Name Ralph M. Cole		
Street Address 291 Cooper Rd.			Street Address 1272 Snake Hill Rd.		
City Chepachet	State R.I.	Zip 02814	City No. Scituate	State R.I.	Zip 02857
Director Name David J. Steere			Director Name		
Street Address 1311 Putnam Pike			Street Address		
City Chepachet	State R.I.	Zip 02814	City	State	Zip
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 Jane A Steere				Date 12/10/24	
Signature of Officer/Authorized Representative Jane A Steere					

MAIL TO:
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