



State of Rhode Island
Department of State - Business Services Division

FILED

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

RI DOS MADE NON-SUBSTANTIVE EDITS

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BY 13348
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1. Entity ID Number 000041669		2. Exact name of the Corporation The Proprietors of the Warren South Burial Ground			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Cemetery burying physical remains of humans and maintaining grounds where buried			
4. NAICS Code 813319-Other Social Adv		81220			
6. Principal Office Address PO Box 9445		City Providence		State RI	Zip 02940
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name Hirium Jamiel			
Street Address		Street Address 429 Main Street			
City	State	Zip	City	State	Zip
Warren	RI	02885	Warren	RI	02885
Secretary Name David A Brown		Treasurer Name David A Brown			
Street Address PO Box 9445		Street Address PO Box 9445			
City	State	Zip	City	State	Zip
Providence	RI	02940	Providence	RI	02940
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 Judith Fardig		Director Name Hirium Jamiel			
Street Address 17 Milwaukee Avenue		Street Address 429 Main Street			
City	State	Zip	City	State	Zip
Warren	RI	02885	Warren	RI	02885
Director Name Susan O Brown		Director Name David A Brown			
Street Address 15 Bond Road		Street Address PO Box 9445			
City	State	Zip	City	State	Zip
East Providence	RI	02915	Providence	RI	02940
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 David A Brown					Date 2025-01-18
Signature of Officer/Authorized Representative <i>David A Brown</i>					

MAIL TO:
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