



State of Rhode Island
Department of State - Business Services Division

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.

FILED
FEB 24 2025
STAMP
BY 25960

1. Entity ID Number 000029101		2. Exact name of the Corporation Pascoag Cemetery in Burrillville			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Cemetery			
4. NAICS Code 812210					
6. Principal Office Address PO Box 622			City Harrisville	State RI	Zip 02830
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Brizard			Vice-President Name		
Street Address 571 Victory Highway			Street Address		
City Mapleville	State RI	Zip 02839	City	State	Zip
Secretary Name Michael Gingell			Treasurer Name Stacey Richard		
Street Address 145 Emerson Road			Street Address 111 East Avenue		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
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 David Heon			Director Name Marc Cote		
Street Address 99 Pulaski Road			Street Address 42 Summer Street		
City Chepachet	State RI	Zip 02814	City Pascoag	State RI	Zip 02859
Director Name Scott Rylah			Director Name		
Street Address 55 George Eddy Road			Street Address		
City Pascoag	State RI	Zip 02859	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Stacey Richard					Date 2/19/2025
Signature of Officer/Authorized Representative <i>Stacey Richard</i>					

MAIL TO:
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