



State of Rhode Island
Department of State - Business Services Division

FILED
MAR 28 2025
BY ISOB

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 70382 | | 2. Exact name of the Corporation THE ST. PAUL EVANGELICAL LUTHERAN CHURCH CEMETERY, INC. | | | |
| 3. State of Incorporation RHODE ISLAND | | 5. Brief description of the character of business conducted in Rhode Island TO DEVELOP, MAINTAIN, OPERATE AND MANAGE CEMEYERIES IN THE CITIES OF WARWICK AND CRANSTON, R.I. | | | |
| 4. NAICS Code 81222 | | | | | |
| 6. Principal Office Address 389 GREENWICH AVE. | | | City WARWICK | State R.I. | Zip 02886 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | |
| President Name JUDY FORGUE | | | Vice-President Name ROBERT JACOB | | |
| Street Address 58 JUSTIN WAY | | | Street Address 69 HIGH POINT DR. | | |
| City CRANSTON | State RI | Zip 02910 | City EAST GREENWICH | State RI | Zip 02818 |
| Secretary Name DALE WHITNEY | | | Treasurer Name CAROLYN ROMELCZYK | | |
| Street Address 99 MYRTLE AVE. | | | Street Address 141 NATICK AVE. | | |
| City WARWICK | State RI | Zip 02886 | City WARWICK | State RI | Zip 02886 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment | | | | | |
| Director Name JOANNE CORBETT | | | Director Name MELISSA MARTIN | | |
| Street Address 295 MERRYMOUNT DR. | | | Street Address 105 COOPER LANE | | |
| City WARWICK | State RI | Zip 02888 | City EAST GREENWICH | State RI | Zip 02818 |
| Director Name MICHAEL MARZULLO | | | Director Name | | |
| Street Address 17 HARMONY ST. | | | Street Address | | |
| City WEST WARWICK | State RI | Zip 02893 | 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 CAROLYN ROMELCZYK, TREASURER | | | | | Date 3/26/25 |
| Signature of Officer/Authorized Representative <i>Carolyn Romelczyk</i> | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov