



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.

APR 22 2025
BY 12863
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1. Entity ID Number 000028687		2. Exact name of the Corporation Moshassuck Cemetery			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Cemetery, Crematory			
4. NAICS Code 813910					
6. Principal Office Address 978 Lonsdale Avenue		City Central Falls		State R.I.	Zip 02863
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name George Boardman			Vice-President Name		
Street Address 978 Lonsdale Avenue			Street Address		
City Central Falls	State R.I.	Zip 02863	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Bonnie Sands			Director Name William Byrnes		
Street Address 6 Fern Lane			Street Address 123 Crane Street		
City Norton	State MA.	Zip 02766	City Warwick	State R.I.	Zip 02889
Director Name Frank Freitas			Director Name		
Street Address 675 Elm Street			Street Address		
City South Dartmouth	State MA.	Zip 02748	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 x George H Boardman					Date x 4/8/25
Signature of Officer/Authorized Representative x [Signature]					

MAIL TO
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