

## State of Rhode Island

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ent of State - Business Services Division	ADD G G oc

Annual Report for the year:	2025
Non-Profit Corporation = -	
→ Filing period. February 1 - May 1	

APR 2 2, 2025

→ Filing Fee: \$20.00 → Penalty. Additional \$25.00 fee if	f form is not filed by	/ May 31.		( )		
1. Entity ID Number	2. Exact name of the Corporation					
000028687	Moshassuck Cemetery					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Cemetery, Crematory					
4. NAICS Code	7		•			
813910						
6. Principal Office Address			City	State	Zip	
978 Lonsdale Avenue			Central Falls	R.I.	(02863	
7. List ALL officers (names and ad	dresses)		C	heck the box to indicate	an attachment	
President Name George Boardman			Vice-President Name			
Street Address 978 Lonsdale Aven	ue		Street Address			
Citcentral Falls	State R.1.	<sup>7</sup> 0°2863	City	State	Zıp	
Secretary Name	•	•	Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and a	iddresses). RI Cor	porations MUST				
•	•				an allachmentt -	
	·			Check the box to indicate	an attachment	
Director Name Bonnie Sands			Director Name William Byrnes		an attachment	
Director Name Bonnie Sands Street Audress			Director Name William Byrnes Street Address		an attachment	
Director Name Bonnie Sands Street Audress 6 Forn Lane		T <sub>7:0</sub>	Director Name William Byrnes Street Address 123 Crane Stre	et		
Director Name Bonnie Sands Street Address	State MA	Zip 02766	Director Name William Byrnes Street Address 123 Crane Stre City		Zip 02889	
Director Name Bonnie Sands Street Audress 6 Forn Lane City	State	Zip 02766	Director Name William Byrnes Street Address 123 Crane Stre	et		
Director Name Bonnie Sands Street Address 6 Forn Lane City Norton	State	· ·	Director Name William Byrnes Street Address 123 Crane Stre City	et State		
Director Name Bonnie Sands Street Address 6 Forn Lane City Norton Drector Name reitas Street Address	State	· ·	Director Name William Byrnes Street Address 123 Crane Stre City Warwick Director Name	et State		
Director Name Bonnie Sands Street Address 6 Forn Lane City Norton Drector Name reitas Street Address 675. Elm Street	State MA State MA	02766 82748	Director Name William Byrnes Strect Address 123 Crane Stre City Warwick Director Name Street Address City	et State R I.	Zip 0 2 8 8 9 Zip	
Director Name Bonnie Sands Street Address 6 Forn Lane City Norton Drector Name Frank Freitas Street Address 675. Elm Street City South Dartmouth	State MA  State MA  on of record with the care and affirm tha	02766  72748 he RI Department I have examin	Director Name William Byrnes Street Address 123 Crane Stre City Narwick Director Name Street Address City  City tof State is accurate. Changes	State  R T.  State  State  require filing Form 64	Zip 02889 Zip	
Director Name Bonnie Sands Street Address 6 Forn Lane City Norton Drector Name reitas Street Address 675. Elm Street City South Dartmouth 9. The Registered Agent informatic	State MA  State MA on of record with the are and affirm that and some and affirm that are contained here.	02766  02748  he RI Department I have examinare true an	Director Name William Byrnes Street Address 123 Crane Stre City Warwick Director Name Street Address City of State is accurate. Changes and correct.	State  R T.  State  State  require filing Form 64	Zip 02889 Zip	
Director Name Bonnie Sands Street Audress 6 Forn Lane City Norton Drector Namerreitas Street Address 675. Elm Street City South Dartmouth 9. The Registered Agent informatic Under penalty of perjury, I decla statements, and that all statements	State MA.  State MA on of record with the contained he esident, Vice-President.	02766  02748  he RI Department I have examinare true an	Director Name William Byrnes Street Address 123 Crane Stre City Warwick Director Name Street Address City of State is accurate. Changes and correct.	State  R T.  State  State  require filing Form 64	Zip 02889 Zip	
Director Name Bonnie Sands Street Address 6 Forn Lane City Norton Drector Name Freitas Street Address 675. Elm Street City South Dartmouth 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements. This report must be signed by either the Present and Street Presents.	State MA  State MA  on of record with the read affirm that contained he resident. Vice-President, esentative	02766  02748  he RI Department I have examinare true an	Director Name William Byrnes Street Address 123 Crane Stre City Warwick Director Name Street Address City  Street Address City  Address City  Street Address City  Street Address City  Street Address City  City	State  R I.  State  State  require filing Form 64  accompanying scheropresentative, Receivur or To	Zip 02889 Zip	

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

Website: www.sos.ri.gov