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State of Rhode Island

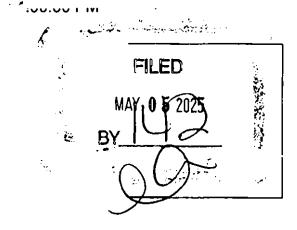
Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

--> Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Limited Liability Company				
001693160	Pridence Memorial Park, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
812220	Natural Burial Ground (Green Cemetery)				
5. State of Formation	1		(
RI				·	
6. Principal Office Address		City	State	Zip	
097 Hombine Ar		Prudence Island	RI	0287Z	
7. Mailing Address of Limited Lia	ability Company and Name or Tr	tle of Contact Person			
Contact Name Prodence Memorial Park		Contact Title			
Street Address, 097 Hombine Ave, PO Box 228		Pridence Bland	State	2ip 02872	
8. The Resident Agent information	on currently of record with the R	Department of State is accurate	. Changes requi	re filing Form 642.	
Under penalty of perjury, I dec statements, and that all states	clare and affirm that I have exa nents contained herein are tru	nmined this report, including an re and correct.	y accompanyii	ng schedules and	
Name of Authorized Person			Date 1	10h1	
Robin LJ Web	er			11/2>	
Signature of Authorized Person Robin Lywele	'n				