



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
BY [Signature]
DEPT. OF STATE
BUS SVCS DIV

MAY 19 2025

1. Entity ID Number <u>12838</u>		2. Exact name of the Corporation <u>Greenwood Burial Grounds</u>		MAY 19 P 4:00	
3. Principal Office Address <u>893 HARTFORD PIKE</u>		City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	
4. NAICS Code <u>812220</u>		6. Brief description of the character of business conducted in Rhode Island <u>Cemetery</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Gordon G. CARLTON</u>			Vice-President Name <u>Joanne CARLTON</u>		
Street Address <u>893 HARTFORD PIKE</u>			Street Address <u>893 HARTFORD PIKE</u>		
City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
Secretary Name <u>Joanne CARLTON</u>			Treasurer Name <u>Joanne CARLTON</u>		
Street Address <u>893 HARTFORD PIKE</u>			Street Address <u>893 HARTFORD PIKE</u>		
City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Gordon G. CARLTON</u>			Director Name <u>Joanne CARLTON</u>		
Street Address <u>893 HARTFORD PIKE</u>			Street Address <u>893 HARTFORD PIKE</u>		
City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>100</u>		
			<u>100</u>		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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>					
Name of Authorized Representative <u>Joanne CARLTON</u>					Date <u>5/4/2025</u>
Signature of Authorized Representative <u>[Signature]</u>					