



State of Rhode Island
Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2025 JUL 14 P 2:49

1. Entity ID Number 000026957		2. Exact name of the Corporation EXETER CEMETERY			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island BURIALS OF HEIRS AND ASSIGNS			
4. NAICS Code 813990					
6. Principal Office Address 55 SCHOOL LAND WOODS RD PO BOX 77			City EXETER	State RI	Zip 02822
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name PATRICIA L WHITFORD			Vice-President Name SUSANNE TAYLOR		
Street Address 55 SCHOOL LAND WOODS ROAD			Street Address 30A TRIPPS CORNER ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name CATHRYN STICKNEY			Treasurer Name MARVIN PELSER		
Street Address 382 TEN ROD ROAD			Street Address 17 LOCUST VALLEY ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors Check the box to indicate an attachment ☐					
Director Name RUTH GORDON			Director Name BARBARA KIMURA		
Street Address 191 TEN ROD ROAD			Street Address 127 WHISPERING PINE WAY		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Director Name RICHARD ARMSTRONG			Director Name		
Street Address 355 WILLIAM REYNOLDS ROAD			Street Address		
City EXETER	State RI	Zip 02822	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 PATRICIA L. WHITFORD				Date JULY 10, 2025	
Signature of Officer/Authorized Representative <i>Patricia L Whitford</i>				FILED	

JUN 14 2025

BY *LSH*