State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2 Exact name of the Corporation
000026957	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	City	State	Zip
55 SCHOOL LAND WOODS RD PO BOX 77	EXETER	RI	02822

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
PATRICIA L WHITFORD	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	**Treasurer Name**
CATHRYN STICKNEY	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	Director Name
RUTH GORDON	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	**Director Name**
RICHARD ARMSTRONG	
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.

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	Date
PATRICIA L. WHITFORD	JULY 10, 2025

Signature of Officer/Authorized Representative: Patricia L Whitford

FILED
JUN 14 2025
BY

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

FORM 631 Revised 12/2023