

 **Department of State - Business Services Division**

**Annual Report for the year:** 2016  
**Non-Profit Corporation**

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>31053</b>		2. Exact name of the Corporation <b>Seaconet cemetery</b>	
3. State of Incorporation <b>RI.</b>		4. Brief description of the character of business conducted in Rhode Island <b>run a graveyard</b>	
5. Principal Office Address <b>601 West main Rd.</b>		City <b>Little Compton</b>	State <b>RJ</b>
		Zip <b>02837</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>John P Nelson</b>		Vice-President Name <b>Ann Nelson</b>	
Street Address <b>601 West main Rd.</b>		Street Address <b>367 SW 18th Terrace</b>	
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Miami</b>
			State <b>FLA</b>
			Zip <b>33129</b>
Secretary Name <b>Michael E Nelson</b>		Treasurer Name <b>Judith Wilbour Winzel</b>	
Street Address <b>605 West main Rd.</b>		Street Address <b>341 NE 16th St.</b>	
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Shoreline</b>
			State <b>WA</b>
			Zip <b>98155</b>
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>John P Nelson</b>		Director Name <b>Ann Nelson</b>	
Street Address <b>601 West main Rd.</b>		Street Address <b>367 SW 18th Terrace</b>	
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Miami</b>
			State <b>FLA</b>
			Zip <b>33129</b>
Director Name <b>Michael E. Nelson</b>		Director Name <b>Judith Wilbour Winzel</b>	
Street Address <b>605 West main Rd.</b>		Street Address <b>341 NE 16th St.</b>	
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Shoreline</b>
			State <b>WA</b>
			Zip <b>98155</b>
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>John P. Nelson</b>			Date <b>5/16/17</b>
Signature of Officer/Authorized Representative <i>John P. Nelson</i>			

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

**FILED**  
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FORM 531 Revised: 03/2017