



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: ~~2018~~ 2019
 Non-Profit Corporation

2019 JUL 24 AM 9:43

- 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 28017		2. Exact name of the Corporation GRANVILLE MEMORIAL ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Care & Maintenance of Memorial			
4. NAICS Code 813319					
6. Principal Office Address 101 PUTNAM PIKE		City Johnston	State RI	Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DANIEL S BROWN			Vice-President Name LOUIS MCGRAW		
Street Address 94 PUTNAM PIKE			Street Address 111 Madena ST		
City Johnston	State RI	Zip 02919	City PROV	State RI	Zip 02908
Secretary Name NANCY BROWN			Treasurer Name LE JAMROZ		
Street Address 94 PUTNAM PIKE			Street Address 18 RIVERSIDE AVE		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KEVIN BROWN			Director Name WARREN LAMPHER		
Street Address 94 PUTNAM PIKE			Street Address 800 FLEETWOOD DR		
City Johnston	State RI	Zip 02919	City North Kingston	State RI	Zip
Director Name RALPH SCORPIO			Director Name DON JACKSON		
Street Address 89 PUTNAM PIKE			Street Address 6 MATHESON ST		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 DANIEL S BROWN					Date 7/24/2019
Signature of Officer/Authorized Representative <i>Daniel S Brown</i>					FILED

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