



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

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.

JAN 24 2022

BY 608 DS

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|--|-----------------|---|---|--------------------|--------------------------|
| 1. Entity ID Number 000030472 | | 2. Exact name of the Corporation WOOD RIVER CEMETERY | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island MAINTENANCE OF CEMETERY GROUNDS | | | |
| 4. NAICS Code 813910 Business Association <input type="checkbox"/> | | | | | |
| 6. Principal Office Address 85 Nooseneck Hill Road | | | City Richmond | State RI | Zip |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Martha B. Vida | | | Vice-President Name Georgia Ure | | |
| Street Address 1066 Main St | | | Street Address PO Box 123 | | |
| City Hope Valley | State RI | Zip 02832 | City Wyoming | State RI | Zip 02898 |
| Secretary Name Caroline Barnes | | | Treasurer Name Carolyn Richard | | |
| Street Address 27 Sage Meadow Dr | | | Street Address PO Box 8, 96 Shannock Hill Road | | |
| City Glenwood Springs | State CO | Zip 81601 | City Shannock | State RI | Zip 02875 |
| 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 Martha B. Vida | | | Director Name Georgia Ure | | |
| Street Address 1066 Main St | | | Street Address Po Box 123 | | |
| City Hope Valley | State RI | Zip 02832 | City Wyoming | State RI | Zip 02898 |
| Director Name Caroline Barnes | | | Director Name Carolyn Richard | | |
| Street Address 27 Sage Meadow Dr | | | Street Address PO Box 8, 96 Shannock Hill Road | | |
| City Glenwood Springs | State CO | Zip :81601 | City Shannock | State RI | Zip 02875 |
| 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 Carolyn Richard, Treasurer | | | | | Date 1/19/2022 |
| Signature of Officer/Authorized Representative | | | | | |

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