



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2022**

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.

**FILED**  
AUG 1 2022  
AUG 01 2022  
BY 1670  
BY 1670

1. Entity ID Number <b>26449</b>		2. Exact name of the Corporation <b>East Greenwich Cemetery Corporation</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Burial Ground			
4. NAICS Code <b>813990</b>					
6. Principal Office Address 100 First Avenue			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Danny Moone</b>			Vice-President Name		
Street Address <b>125 First Avenue</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>Allison H. Morrison</b>			Treasurer Name <b>Allison H. Morrison</b>		
Street Address <b>P.O. Box 201</b>			Street Address <b>P.O. Box 201</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Alan Clarke</b>			Director Name		
Street Address <b>P.O. Box 27</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Director Name <b>Gene Dumas</b>			Director Name <b>Lydia Keenzel</b>		
Street Address <b>50 Montrose Street</b>			Street Address <b>37 Oberlin Drive</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
9. The Registered Agent information of record with the RI Department of State is accurate. 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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Danny Moone, President</b>				Date <b>7-14-22</b>	
Signature of Officer/Authorized Representative 					

**MAIL TO:**  
Division of Business Services  
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Website: www.sos.ri.gov