



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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

FEB 24 2023
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1. Entity ID Number 26449		2. Exact name of the Corporation East Greenwich Cemetery Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Burial Ground			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 100 First Avenue			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Danny Moone			Vice-President Name		
Street Address 125 First Avenue			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Allison H. Morrison			Treasurer Name Allison H. Morrison		
Street Address P.O. Box 201			Street Address P.O. Box 201		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 Alan Clarke			Director Name		
Street Address P.O. Box 27			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name Gene Dumas			Director Name Lydia Kennzel		
Street Address 50 Montrose Street			Street Address 37 Oberlin Drive		
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02886
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 Danny Moone, President				Date 2-21-23	
Signature of Officer/Authorized Representative <i>Danny Moone</i>					

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