



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 000026388		2. Exact name of the Corporation Hillside Cemetery Association			
3. Principal Office Address 313 Neck Road			City Tiverton	State RI	Zip 02878
4. NAICS Code 812220		6. Brief description of the character of business conducted in Rhode Island Burials			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Guimond			Vice-President Name none		
Street Address 37 Neck Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Robert C. Martin			Treasurer Name Robert C. Martin		
Street Address 313 Neck Road			Street Address 313 Neck Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gerald Silva			Director Name David Holmes		
Street Address 109 North Court			Street Address 3631 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Donald Snell			Director Name Roger Gauthier		
Street Address 127 Bulgarmarsh Road			Street Address 189R Highland Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIALS	
		none		PAR VALUE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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>					
Name of Authorized Representative Robert C. Martin				Date March 6, 2023	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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