



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.

FILED
 APR 19 2023
 BY 656
 RS

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					
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 RD		
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 RD		
City GLENWOOD SPRING	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.					
<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 CAROLYN RICHARD, TREAS				Date 4/17/2023	
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