		Rhode Island Secretary of State	Fee: \$20.00
	Division Of I	Business Services	
	148 W.	River Street	
	Providence	RI 02904-2615	
1636	(401)	222-3040	
Non-Profit Corporation Annual Report Filing Period: February 1 -	May 1		
In accordance with R.I.G.L. annual report within the tim penalty fee of \$25.00.			
ANNUAL REPORT YEAR -	ENTER THE <u>CURRENT</u> F	FILING YEAR <b>2023</b> : <u>20</u>	23
1. Corporate ID No. <u>0(</u>	00028971		
2. Name of Corporation	he Slatersville Cemeter	y Association	
3. State of Incorporation			
State: <u>RI</u>			
	NAICS	CODE	
Using the dropdown labele primary type of activity in populate a NAICS Code by box on the right. For furthe	which your entity engage ased on the chosen sele	es. The box to the right o ction. If the NAICS Code	of the dropdown will is known, enter it into the
NAICS Code			
<u>812220</u>			
4. Principal Office Addre	ŝS		
	<u>EEN STREET</u> BOX 756		
City or Town: <u>SL</u>	ATERSVILLE S	tate: <u>RI</u> Zip: <u>02876</u>	Country: <u>USA</u>
5. Brief Description of the	Character of the Affairs	s Conducted in Rhode Is	sland
ENACTED THROUGH OF 1893 OVERSEEING LOTS.			
6. Names and Addresses	of the Officers and Dire	ectors:	
All Directors and Officers Island Corporation shall		ally. The number of DIR	ECTORS of a Rhode

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JEAN MEO	11 TALL TIMBER TRAIL N. SMITHFIELD, RI 02896 USA
TREASURER	LINDA JEAN PORTER	PO BOX 619 NORWAY, RI 02876 USA
SECRETARY	LINDA JEAN PORTER	PO BOX 756 SLATERSVILLE, RI 02876 USA
DIRECTOR	LINDA JEAN PORTER	PO BOX 756 SLATERSVILLE, RI 02876 USA
DIRECTOR	ROBERT MEO	11 TALL TIMBER TRAIL N SMITHFIELD, RI 02896 USA
DIRECTOR	JEAN MEO	11 TALL TIMBER TRAIL N. SMITHFIELD, RI 02896 USA

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LINDA J. PORTER 6 COUNTRY WAY P.O. BOX 756 SLATERSVILLE , RI 02876

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 29 Day of June, 2023 at 12:24:45 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

## By <u>LINDA PORTER</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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