



**State of Rhode Island
Department of State - Business Services Division**

FILED

FEB 01 2024

E: 20936

Annual Report for the year: 2024

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.

1. Entity ID Number 000026968		2. Exact name of the Corporation Island Cemetery Company			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Enacted through the General Assembly during the January Session 1848 for the maintenance of the cemetery.			
4. NAICS Code 561730					
6. Principal Office Address 30 Warner Street			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pamela Kelley			Vice-President Name Walter Reed		
Street Address 20 Willow Street			Street Address 56 Old Beach Road		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Kevin Kelley			Treasurer Name Frank Ray		
Street Address 4 Elm Street			Street Address 228 Spring Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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 Barbara Benson			Director Name Lisa Lewis		
Street Address 53 Tilden Avenue			Street Address 22 Bridge Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Harry Eudenbach			Director Name Robert Vitello		
Street Address 41 Palmer Street			Street Address 17 Everett Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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 Sharon Hussey				Date 01/28/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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