

# The Commonwealth of Massachusetts

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## ANNUAL REPORT

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M.G.L. Ch.180  
Corporation  
Annual Report

### IDENTIFICATION

Filing for November 1, 20 \_\_\_\_\_

NO. \_\_\_\_\_

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

(number)

(street)

(city or town)

(state)

(zip)

3. DATE OF THE LAST ANNUAL MEETING: \_\_\_\_\_

4. If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust. (check appropriate box)

☐ The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

☐ The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5. State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:			
Treasurer:			
Clerk: (or Secretary)			
Director: (or Officers having the powers of Directors)			

I, the undersigned \_\_\_\_\_ being the \_\_\_\_\_ of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown.

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person Telephone #: \_\_\_\_\_

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**Rachel S Tattersall**



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