

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No.	2. Name of Cor	2. Name of Corporation				
34148		Wilson Reservoir Association				
3. State of Incorporation	4. Corporate ad	4. Corporate address in Rhode Island - Street Address City Zip				
Rhode Island	595 Wallus	m Lake Road		Pascoag	02859	
5. Foreign corporation. Ente	r principal office addr	ess	City	State	Zip	
6. Brief Description of the char	acter of the affairs whi	ich are actually conducted in R	hode Island			
Lake Association						
7. NAMES AND ADDRE	SSES OF THE OF	DICEBE. CANA DON TOP .				
President Name	SSES OF THE OF	FICERS: ("A" BUX FOR A	TTACHMENT) TILL IN SPA	ACES BEFORE USING ATT	ACHMENTS	
Karen Marcotte			Vice President Name			
Street Address			Dennis Deschamps			
595 Wallum Lake Road			Street Address Brouillard Lane			
Сиу	State	Zip	City			
Pascoag	RI	02859	1 *	State	Zip	
Secretary Name	1	102039	Pascoag Treasurer Name	RI	02859	
Rebecca Plasse			Henry Robinson			
Street Address			Street Address			
Neri Way			21 Greenway Lane			
City	State	Zip	City	State	Zip	
Pascoag	RI	02859	Pascoag	RI	02850	
8. NAMES AND ADDRES	SSES OF THE DI	RECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SP	ACES BEFORE USING ATT	FACHMENTS	
THE NUMBER OF DIRI	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	L NOT BE LESS THAN TH	REE (3). R.I.G.L. 7.6.23	
Director Name			ND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name			
Ed Makowski			Ken Putnam			
Street Address			Street Address			
Wallum Lake Road			Wallum Lake Road			
City	State	Zip	City	State	强 CC	
Pascoag	RI	02859	Pascoag	RI	62 859 € 5 ∞	
Director Name			Director Name		<u> </u>	
Richard Williams			1.			
Street Address			Street Address $\omega \succeq_{-\zeta_{-}}$			
Brouillard Lane					_ ⊙ <	
City	State	Zip	City	State	SI SI	
Pascoag	RI	02859	ı		WIG NI	
9. REGISTERED AGENT	IN RHODE ISLA	ND		•	- :5 <-	
This information is curren	itly of record in the	e Office of the Secretary o	of State. Changes require filing	of Form 641 DICL 7.6		
This report n	nust be signed by	either the President, Vice	e President, Secretary, Assist	ant Secretary, Treasurer Re	eceiver or Trustee	

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v:	DY CONTRACT		

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Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and	at I have examined this
statements contained berein are true and correct.	statements, and that all
Hey Colin	7/28/09
Signature of Officer	Date
Print or Type Name of Officer	
TREASURER	
Title of Officer	· · · · · · · · · · · · · · · · · · ·