



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2010

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. 483229		2. Name of Corporation AQUIDNECK ISLAND WATERSHED COUNCIL			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 40 25 MANNING TERR		City NEWPORT, RI	Zip 02840
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island See attached					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James H. Marshall			Vice President Name Peter S. Fagan		
Street Address 25 Manning Terr			Street Address 56 Agrault St		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Peter S Fagan			Treasurer Name Susan Wells		
Street Address as above			Street Address 229 Gibbs Ave		
City	State	Zip	City Newport	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Thomas Kowalczyk			Director Name Jameson Chace		
Street Address 28 Beechland			Street Address 40 Salve Regina University, 100 Ochre Pt Ave		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Director Name Tripp Wolfkehl			Director Name		
Street Address 7 Malbone Rd			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND James H. Marshall as above					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

James H. Marshall 5-10-10
Signature of Officer Date
James H. Marshall
Print or Type Name of Officer
President
Title of Officer

File Date	FILED
Check No.	MAY 18 2010
By:	1597
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