



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

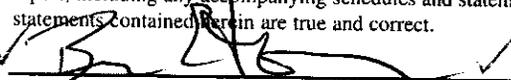
**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

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. <b>132263</b>		2. Name of Corporation <b>ECHO LAKE WATER DISTRICT</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>P O BOX 774</b>		City <b>CHEPACHET</b>	Zip <b>02814</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>FURNISHING OF WATER TO RESIDENTS OF WATER DISTRICT</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>BRIAN ETHERIDGE</b>			Vice President Name		
Street Address <b>136 LAKE DRIVE</b>			Street Address		
City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 <b>DAVID THEBERGE</b>			Director Name <b>PAUL BRAIS</b>		
Street Address <b>50 FIRST ST</b>			Street Address <b>62 CENTER RD</b>		
City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>
Director Name <b>ANDREW NOYES</b>			Director Name <b>DAN SOMONIN</b>		
Street Address <b>LAKE DR</b>			Street Address <b>269 LAKE DR</b>		
City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>
9. REGISTERED AGENT IN RHODE ISLAND					
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.

  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**BRIAN ETHERIDGE**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer

<b>FILED</b>	
File Date	<b>JUN-21 2011</b>
Check No.	<b>1418</b>
By	<b>BY</b>
FOR SECRETARY OF STATE USE ONLY	