RI SOS Filing Number: 201181495450 Date: 08/17/2011 9:17 AM

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

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000270636

2. Name of Corporation Wakefield Pond Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 481
City or Town: HARRISVILLE State: RI Zip: 02830 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO IDENTIFY, MONITOR, AND TREAT IF NECESSARY INVASIVE WEEDS THAT ARE THREATENING THE WATER QUALITY, HABITAT AND RECREATIONAL USABILITY OF WAKEFIELD POND IN PASCOAG RHODE ISLAND

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	JUDITH MURPHY	1252 PUTNAM PIKE CHEPACHET, RI 02814 USA
PRESIDENT	CAROL E. MURPHY	107 STEERE STREET HARRISVILLE, RI 02830 USA
V. PRESIDENT	STEWART ALLES	WEST SHORE LANE PASCOAG, RI 02830 USA
DIRECTOR	PAUL LAVALLEE	50 W. SHORE LN PAUL, CT 02859 USA
DIRECTOR	LESLIE LAVALLEE	52 W. SHORE LANE PASCOAG, RI 02859 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CAROL E. MURPHY 50 W. SHORE LANE PASCOAG , RI 02859

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

Signed this 17 Day of August, 2011 at 9:23:49 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CAROL E. MURPHY
Signature of Officer of the Corporation

X President or __ Vice President or __ Secretary or __ Assistant Secretary or

__ Treasurer or __ Receiver or __ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07