RI SOS Filing Number: 201186787460 Date: 12/02/2011 4:00 PM

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.	2. Name of Corporation		
000161241	TEN MILE RIVER WATERSHED COUNCIL		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	2 RAMSAY ST RIVERSIDE	RI	02915
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*
RESTORATION OF CLEAN WATER

7. **NAMES AND ADDRESSES OF THE OFFICERS:** *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
KEITH GONSALVES	FLORENCE MELLO
Street Address: 2 RAMSAY ST	Street Address: 50 JAY ST
City: RIVERSIDE State: RI Zip: 02915	City: RUMFORD State: RI Zip: 02916
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)* ☐ **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	Director Name
KEITH GONSALVES	FLORENCE MELLO
Street Address: 2 RAMSAY ST	Street Address: 50 JAY ST
City: RIVERSIDE State: RI Zip: 02915	City: RUMFORD State: RI Zip: 02916
Director Name: DEBORAH GONSALVES	Director Name
Street Address: 2 RAMSAY ST	Street Address
City: RIVERSIDE State: RI Zip: 02915	City State Zip

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

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SECRETARY OF STATE
CORPORATIONS DIV

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

[redacted] [redacted]

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.

KEITH GONSALVES 12.2.11
Signature of Officer *Date*

KEITH GONSALVES
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date	FILED
Check No.	DEC 02 2011
By:	By 157884

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 631 Rev. 09/17

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