



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 16459		2. Name of Corporation WATERMAN LAKE ENTERPRISES, Inc.		
3. Street Address Principal Business Office 15 PINELEDGE Road		City GREENVILLE	State R.I.	Zip 02828
4. Business Phone No. 401-949-1743		5. State of Incorporation R.I.		

6. Brief Description of the Character of Business Conducted in Rhode Island  
MARINA

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

President Name C. WALTER STEERE			Vice President Name ELAINE C. STEERE		
Street Address P.O. Box 822			Street Address P.O. Box 822		
City GREENVILLE	State R.I.	Zip 02828	City GREENVILLE	State R.I.	Zip 02828
Secretary Name Elaine C. STEERE			Treasurer Name C. WALTER STEERE		
Street Address PO Box 822			Street Address P.O. Box 822		
City GREENVILLE	State R.I.	Zip 02828	City GREENVILLE	State R.I.	Zip 02828

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

Director Name C. WALTER STEERE			Director Name Elaine C. STEERE		
Street Address P.O. Box 822			Street Address P.O. Box 822		
City GREENVILLE	State R.I.	Zip 02828	City GREENVILLE	State R.I.	Zip 02828
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**9. SHARES AUTHORIZED**      **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

300 Common No Par Value  
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

Number of Shares	Class/Series	Par Value
300	Common	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

**JAN 23 2013**

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

BY 11090

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: Elaine C. Steere Date: 1-17-13  
Print or Type Name: ELAINE C. STEERE  
Title: Sec.