

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _2013

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

| 30927 SAND DAM RESERVOIR ASSOCIATION 4. Brief description of the character of business conducted in Phoge Island RESERVOIR RT OF SAND DAM RESERVOIR 5. Principal office address PO BOX 284 City Chenachet Stale In Dos 14 President Name City Chenachet Stale In Dos 14 President Name Street Address Street Address | 1. Entity ID No. | 2. Exact name of the Corporation | THE THE SECOND STATE OF THE SECOND SE |
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| 3. State of Incorporation A. Brief description of the character of business conducted in Rhode Island RESERVATORN RI OF SAWD DAM RESERVALR 5. Principal office address PO BOX 484 City Chenachet State In 04814 President Name THERIAULT OLIVER PACKET City Chenachet State In 04814 Vice-President Name OLIVER PACKET Street Address Street Add | | , | . 1 |
| Fresident Name President Name THERIAULT Treasurer Name Street Address | 30927 | SAND DAM R | ESERVOIR HOSOCIATION |
| Fresident Name President Name THERIAULT Treasurer Name Street Address | 3. State of Incorporation | 4. Brief description of the character of bu | siness conducted in Rhode Island |
| President Name THERIAULT Street Address | RI | 1 2 2 2 | |
| President Name THERIAULT Vice-President Name THERIAULT Street Address Str | 5. Principal office address | | |
| President Name HERIAULT Street Address Street Address Street Address | | | CHEPACHET RI 02814 |
| Street Address | | 的复数经验制度通过转换 人名格兰克姓氏 | Vice-President Name |
| Street Address | KAYMOW. | O IHERIAULT | JUDITH COCALUCA |
| CHENACHET RI 038/4 CHEPACHET RI 038/4 Secretary Name MARY O'KEFFE Treasurer Name AUTONIA HAYES Street Address Street Address City ChEPACHET State RI Zip 038/4 City ChEPACHET Director Name Street Address | | ROAD | Street Address 6 Wood STREET |
| Street Address Street Address Street Address Street Address State State State Street Address Director Name Street Address State Stat | ChEPACHET | State Zip D2814 | CITY CHEPACHET STABLE Zip 02814 |
| THE STREET STATE S | Secretary Name WARY | O'KEEFE | |
| City Chepachet State RI Zip 02814 City Chepachet RI Zip 03814 Director Name ERNEST LAFAZIA Director Name Street Address Street Address Street Address Street Address City Chepachet State RI Zip 02814 City Chepachet Director Name Director | Street Address NE | W ROAD | 37 WMON STAGET |
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| Street Address Director Name PAT SEARLES Street Address | | โดย เกลา เป็นสิจเรียกให้ เป็น จากก | |
| Street Address State FIELD WAY State FIELD | Director Name | ST LAFAZIA | Director Name DAVID MORING ATT |
| CHEPACHET STATE AT 01814 CONEPACHET STATE ZIP 03877 Director Name ART SEARLES Director Name Director Name Street Address Street Address WHA City HOPE State RI Zip 03831 City W/A State Zip 03831 City W/A State Zip W/A Zip W/A Zip W/A | Street Address 5/E/ | ELYN WAY | Street Address |
| ART SEARLES Street Address OLO SEVEN MILE ROAD Street Address MA City HOPE State RI O2831 City N/A State N/A VIEGRIE: EN REMARKS Street Address N/A City N/A State N/A N/A N/A N/A N/A | Chepnchet | State RI Zip 02814 | State Zip |
| THE SEVEN MILE ROAD WASTED STATE OF THE STAT | Director Name | SEARLES | Director Name (1)//4 |
| State RI City NIA State Zip 02831 City NIA State NA Zip NIA- | Street Address SEVE | U MILE ROAD | NA |
| his information is currently of record in the Office of the Secretary of State. Changes require filing Form 641. | City HOPE | State Zip | City N/A State N/A Zip N/A |
| rais information is currently of record in the Office of the Secretary of State. Changes require filing Form 641, | पुरविस्तरमञ्जूषित्र (स्त्रा) है हिंदू | Electron and the College of the Coll | |
| This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee | • | | |

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| Form | No. | 631 |
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| Revis | ed: | 05/2012 |

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 transaction.

and that all statements contained herein are true and correct.

Signature of Officer Date

Print or Type Name of Officer

PRESIDENT

Title of Officer