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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.**

1. Entity ID No.	2. Exact name of the Corporation
11151	**Glendale Water Association Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Water Distribution**

5. Principal office address	City	State	Zip
P.O. Box 195, 10 Woodside Road	**Glendale**	**RI**	**02826**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	City	State	Zip
Sally Hayter			
Street Address			
88 Stockwell Road, P.O.Box 195	**Glendale**	**RI**	**02826**

Vice-President Name	City	State	Zip
Justin Diamond			
Street Address			
33 Maple Leaf Road, P.O.Box 195	**Glendale**	**RI**	**02826**

Secretary Name	City	State	Zip
Wallace Auclair			
Street Address			
73 Maple Leaf Road, P.O.Box 195	**Glendale**	**RI**	**02826**

Treasurer Name	City	State	Zip
Patricia Mulligan			
Street Address			
3 Elm Road, P.O.Box 195	**Glendale**	**RI**	**02826**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	City	State	Zip
Sally Hayter			
Street Address			
88 Stockwell Road, P.O.Box 195	**Glendale**	**RI**	**02826**

Director Name	City	State	Zip
Justin Diamond			
Street Address			
33 Maple Leaf Road, P.O.Box 195	**Glendale**	**RI**	**02826**

Director Name	City	State	Zip
Wallace Auclair			
Street Address			
73 Maple Leaf Road, P.O.Box 195	**Glendale**	**RI**	**02826**

Director Name	City	State	Zip
Patricia Mulligan			
Street Address			
3 Elm Road, P.O.Box 195	**Glendale**	**RI**	**02826**

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAY 22 2014
BY 1272

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.

Wallace F. Auclair 5/20/14
Signature of Officer or Authorized Representative Date

Wallace F. Auclair
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014