

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 2014

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

2. Exact name of the Corporation

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

A (M.)	
10000 5 210	int Water assaceation Incorpor
State of Incorporation 4. Brief description of the character of t	f business conducted in Rhode Island
Rholesland Water se	ouly by six houses
5. Principal office address	City State Zip
57 Smith Street	18 restal R. S. 02809
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)	
President Name	Vice-President Name
peller H. Mylerg	Street Address
Street Address	Street Address
City State Zip	City State 7in
Bristol R.I U2809	Folmouth Man 02590
Secretary Name	Treasurer Name
geral Oder	George Baline
Street Address	Street Address
570 mith street	575mith Strait
City British State R. T. C.2-P.C.	City Buttal State T Zip COCO9
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)	
Director Name	Director Name
Elean of sar	Peter H nybera
Street Address	Street Address
of 10 grand army Hayvan	1 52 Smith 16
City Surance State Mary 2210 2777	City B Carles State O Zip 22.4
Director Name	Director Name
Kutrend H Dietech	Donas Oale
Street Address	Street Address
104 Caplanada Plent	575 milh 40
City State Nog Zip	City C 7 () State Zip
rogen chespen 2339	o Bristol RI 02809
8. REGISPERED 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, Receiver or Trustee	
rnis report must be signed by either the President. Vice-Presi	ueni, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
FILED	
	Under penalty of perjury I declare and affirm that I have a
File Date 16 2014	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
/ ~ IIIN 1 / 2U	and that an statements contained herein are true and correct.
Check No 0 7-13	Le Desas Cale 16-16-2014
By: George Oglasy	Signature of Officer Date
FOR SECRETARY OF STATE USE ONLY	george Oglew
. ST. SESTIETATE OF STATE SOE ONE!	Print or Type Name of Officer
Form No. 631	Secretary Treasurer
Revised: 05/2012	Title of Officer