



**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. <b>132263</b>		2. Exact name of the Corporation <b>ECHO LAKE WATER SUPPLY CO</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>FURNISHING OF WATER TO RESIDENTS OF WATER DISTRICT</b>			
5. Principal office address <b>P O BOX 774</b>			City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>BRIAN ETHERIDGE</b>			Vice-President Name		
Street Address <b>136 LAKE DR</b>			Street Address		
City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>DAVID THEBERGE</b>			Director Name <b>PAUL BRAIS</b>		
Street Address <b>50 FIRST ST</b>			Street Address <b>62 CENTER RD</b>		
City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>
Director Name <b>ANDREW NOYES</b>			Director Name <b>DAN SOMONIN</b>		
Street Address <b>LAKE DR</b>			Street Address <b>269 LAKE DR</b>		
City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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

**FILED**

**JUL-02-2014**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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 of Officer or Authorized Representative

**6/10/14**

Date

**BRIAN ETHERIDGE**

Print or Type Name of Officer or Authorized Representative