



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. 132263		2. Exact name of the Corporation ECHO LAKE WATER SUPPLY CO			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island FURNISHING OF WATER TO RESIDENTS OF WATER DISTRICT			
5. Principal office address P O BOX 774			City CHEPACHET	State RI	Zip 02814
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name BRIAN ETHERIDGE			Vice-President Name		
Street Address 136 LAKE DR			Street Address		
City CHEPACHET	State RI	Zip 02814	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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"/>					
Director Name DAVID THEBERGE			Director Name PAUL BRAIS		
Street Address 50 FIRST ST			Street Address 62 CENTER RD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Director Name ANDREW NOYES			Director Name DAN SOMONIN		
Street Address LAKE DR			Street Address 269 LAKE DR		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
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

FILED

JUL-02 2014

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY 1707

Signature of Officer or Authorized Representative

6/10/14

Date

BRIAN ETHERIDGE

Print or Type Name of Officer or Authorized Representative