



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 8890		2. Exact name of the Corporation Tarkiil Pond, Inc.			
3. Principal office address 321 South Main Street			City Burrillville	State RI	Zip 02859
4. Business Phone No. (401) 567-0076			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Sub-Divider and Developer					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jean M. Grossi			Vice-President Name Richard Millette		
Street Address P.O. Box 5189			Street Address 321 South Main Street		
City Esmond	State RI	Zip 02917	City Burrillville	State RI	Zip 02859
Secretary Name Linda A. Fontaine			Treasurer Name Donna Bourgeois		
Street Address 321 South Main Street			Street Address Pole #3 Mowry Road		
City Burrillville	State RI	Zip 02859	City North Smithfield	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Donald E. Fontaine			Director Name Jean M. Grossi		
Street Address 321 South Main Street			Street Address P.O. Box 5189		
City Burrillville	State RI	Zip 02859	City Esmond	State RI	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY 106

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.

Richard J. Millette 02/17/2015
 Signature of Authorized Representative Date

Richard Millette - Vice President
 Print or Type Name of Authorized Representative