



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000488229

**2. Name of Corporation** AQUIDNECK ISLAND WATERSHED COUNCIL

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 25 MANNING TERRACE

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

A COMMUNITY BASED ORGANIZATION DEDICATED TO THE PRESERVATION OF THE FLOWING WATERS AND THEIR WATERSHEDS ON AQUIDNECK ISLAND

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name	Address
PRESIDENT	JAMES H. MARSHALL	25 MANNING TERR NEWPORT, RI 02840 USA
TREASURER	SUSAN WELLS	299 GIBBS AVENUE NEWPORT, RI 02840 USA

SECRETARY	PETER S FAGAN	56 AYRAULT STREET NEWPORT, RI 02840 USA
VICE PRESIDENT	PETER S FAGAN	56 AYRAULT STREET NEWPORT, RI 02840 USA
DIRECTOR	JAMESON CHASE	C/O SALVE REGINA UNIVERSITY NEWPORT, RI 02840 USA
DIRECTOR	THOMAS KOWALCZYK	28 BEECHLAND ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	TRIP WOLFSKEHL	7 MALBONE ROAD NEWPORT, RI 02840 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JAMES H. MARSHALL 25 MANNING TERRACE NEWPORT , RI 02840

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

**Signed this 19 Day of May, 2015 at 4:01:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By SUSAN S. WELLS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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