



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 2015

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. 40077		2. Exact name of the Corporation Waterman Lake Shore Association Incorporated (W.L.S.A.)	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To uphold the title of land entrusted to W.L.S.A.	
5. Principal office address P.O. Box 172		City Marion	State RI
		Zip 02829	
President Name Michael Stewart		Vice-President Name Randy Coates	
Street Address 128 Waterman Lake Dr.		Street Address 7 Waterman Lake Dr.	
City Glocester	State RI	City Glocester	State RI
Zip 02814		Zip 02814	
Secretary Name Colleen McGuire		Treasurer Name Ann Goff	
Street Address 29 Parker St.		Street Address 146 Waterman Lake Dr.	
City Glocester	State RI	City Glocester	State RI
Zip 02814		Zip 02814	
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 Michael Stewart		Director Name Randy Coates	
Street Address 128 Waterman Lake Dr.		Street Address 7 Waterman Lake Dr.	
City Glocester	State RI	City Glocester	State RI
Zip 02814		Zip 02814	
Director Name Colleen McGuire		Director Name Ann Goff	
Street Address 29 Parker St.		Street Address 146 Waterman Lake Dr.	
City Glocester	State RI	City Glocester	State RI
Zip 02814		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

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: [Signature] Date: 6/29/15

Print or Type Name of Officer or Authorized Representative: Ann Goff

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 JUL 1 2015
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