



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 MAR 21 AM 11:08

1. Entity ID No. 26189		2. Exact name of the Corporation Lake Washington Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Neighborhood Social Organization			
5. Principal office address 1 Larry Bird Drive		City Chepachet		State RI	Zip 02814
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kevin Nerney			Vice-President Name Paul Colardo		
Street Address 295 Lake Washington Drive			Street Address 644 Lake Washington Drive		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Jan Frasier			Treasurer Name Robert Gallo		
Street Address 312 Lake Washington Drive			Street Address 3 Larry Bird Drive		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	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 Eleanor Heuberger			Director Name Denise Ricard		
Street Address 22 Cady Lane			Street Address 1 Larry Bird Drive		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Director Name Ron Campbell			Director Name		
Street Address 512 Lake Washington Drive			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
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^m

MAR 21 2016

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: _____

BY: *CA 270465*

Paul M Ricard 3/18/16
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

11:09

Paul M. Ricard

Print or Type Name of Officer or Authorized Representative