



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 29634		2. Exact name of the Corporation WATCHAUG HEIGHTS ROAD ASSOCIATION			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island THE GOVERNING BODY TO OVERSEE & ENFORCE THE RULES, REGULATIONS AND DEED RESTRICTIONS/CONVENANTS			
5. Principal Office Address C/O JANICE NYAHAY, 39 WATCHAUG LN		City CHARLESTOWN		State RI	Zip 02813
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT STORRS SR.			Vice-President Name GERRY MATTEO		
Street Address 51 QUAIL LN			Street Address 46 WATCHAUG LN		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Secretary Name CAROL LAPLANTE			Treasurer Name JANICE NYAHAY		
Street Address 30 BAYBERRY LN			Street Address 39 WATCHAUG LN		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JAMES DOWNS			Director Name SHELIA BISHOP		
Street Address 32 BAYBERRY LN			Street Address 23 WATCHAUG LN		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Director Name JANICE NYAHAY			Director Name LEON LAPLANTE		
Street Address 39 WATCHAUG LN			Street Address 30 BAYBERRY LN		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JANICE NYAHAY				Date 6/13/2016	
Signature of Officer/Authorized Representative <i>Janice Nyahay</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED
JUN 15 2016
BY 2245 DS