



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: 2016

1. Corporate ID No. 000030927

2. Name of Corporation SAND DAM RESERVOIR ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 284
61 WOOD ROAD
City or Town: CHEPACHET State: RI Zip: 02814 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: PO BOX 206
115 SAND DAM ROAD
City or Town: CHEPACHET State: RI Zip: 02814 Country: UNI

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

CONTROL & MANAGEMENT OF LAKE ASSOCIATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JUDY COLUCA	61 WOOD ROAD CHEPACHET, RI 02814 USA
TREASURER	CAROLYN FORTUNA	115 SAND DAM ROAD CHEPACHET, RI 02814 USA

SECRETARY	MARY OKEEFFE	NEW ROAD CHEPACHET, RI 02814 USA
VICE PRESIDENT	LYNN KOHANSKI	WOOD ROAD CHEPACHET, RI 02814 USA
DIRECTOR	ERIC LARIVIERE	CAPRON ROAD CHEPACHET, RI 02814 USA
DIRECTOR	MARISSA DANVILLE	EVELYNS WAY CHEPACHET, RI 02814 USA
DIRECTOR	BRIAN SIRIOS	NEW ROAD CHEPACHET, RI 02814 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**

JUDY COLALUCA 61 WOOD ROAD P.O. BOX 284 CHEPACHET , RI 02814

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

Signed this 29 Day of June, 2016 at 7:23:03 AM 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 CAROLYN FORTUNA
Signature of Authorized Person

Form No. 631
Revised 09/07

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