



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

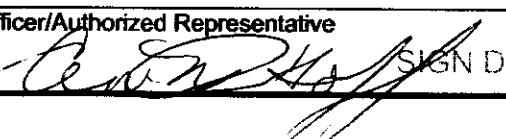
Annual Report for the year: 2016

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 40077		2. Exact name of the Corporation Waterman Lake Shores Association, Incorporated (WLSA)			
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 WLSA.			
5. Principal Office Address P.O. Box 172		City Harmony		State RI	Zip 02829
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Stewart			Vice-President Name Randy Coates		
Street Address 128 Waterman Lake Drive			Street Address 7 Waterman Lake Drive		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
Secretary Name Colleen McGuire			Treasurer Name Ann Goff		
Street Address 29 Parker Street			Street Address 146 Waterman Lake Drive		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
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 Michael Stewart			Director Name Randy Coates		
Street Address 128 Waterman Lake Drive			Street Address 7 Waterman Lake Drive		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
Director Name Colleen McGuire			Director Name Ann Goff		
Street Address 29 Parker Street			Street Address 146 Waterman Lake Drive		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Ann Goff				Date 7/10/2016	
Signature of Officer/Authorized Representative  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

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JUL 14 2016

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