



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 2016

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. 132263 | | 2. Exact name of the Corporation ECHO LAKE WATER SUPPLY CO. | | | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island FURNISHING OF WATER TO RESIDENTS OF WATER DISTRICT | | | |
| 5. Principal office address P O BOX 774 | | City CHEPACHET | | State RI | Zip 02814 |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name BRIAN ETHERIDGE | | | Vice-President Name | | |
| Street Address 136 LAKE DRIVE | | | Street Address | | |
| City CHEPACHET | State RI | Zip 02814 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 DAVID THEBERGE | | | Director Name PAUL BRAIS | | |
| Street Address 50 FIRST STREET | | | Street Address 82 CENTER ROAD | | |
| City CHEPACHET | State RI | Zip 02814 | City CHEPACHET | State RI | Zip 02814 |
| Director Name ANDREW NOYES | | | Director Name DAN SOMONIN | | |
| Street Address LAKE DRIVE | | | Street Address 269 LAKE DRIVE | | |
| City CHEPACHET | State RI | Zip 02814 | City CHEPACHET | State RI | 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

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

Signature of Officer or Authorized Representative

Date

BRIAN ETHERIDGE

Print or Type Name of Officer or Authorized Representative