



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2016 SEP 26 PM 4:31

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
000029122		PASCOAG Lake Shores Improvement Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Improvement of Health, Safety and Recreation of the Organization			
5. Principal Office Address		City		State	Zip
136 Lake Drive		Chepachet		RI	02814
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Robin Etheridge			Jim Bergeron		
Street Address			Street Address		
136 Lake Drive			28 Second Road		
City	State	Zip	City	State	Zip
Chepachet	RI	02814	Chepachet	RI	02814
Secretary Name			Treasurer Name		
Kristen Boie			Sara Heathcote		
Street Address			Street Address		
31 Second Road			41 Second Road		
City	State	Zip	City	State	Zip
Chepachet	RI	02814	Chepachet	RI	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			Director Name		
Robin Etheridge			Jim Bergeron		
Street Address			Street Address		
136 Lake Drive			28 Second Road		
City	State	Zip	City	State	Zip
Chepachet	RI	02814	Chepachet	RI	02814
Director Name			Director Name		
Sara Heathcote					
Street Address			Street Address		
41 Second Road					
City	State	Zip	City	State	Zip
Chepachet	RI	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					Date
Robin Etheridge					9-20-16
Signature of Officer/Authorized Representative					
Robin Etheridge					

FILED

SEP 26 2016

By 284430

VLM