



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2017**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>20662</b>		2. Exact name of the Corporation <b>James Pond Corp.</b>			
3. Principal Office Address <b>90 Elm Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>53 - Real Estate and Rental and</b>		6. Brief description of the character of business conducted in Rhode Island <b>Investment holding company</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert Gaumont</b>			Vice-President Name <b>Paul W. Whyte</b>		
Street Address <b>6 Bittersweet Lane</b>			Street Address <b>83F Nipmuc Trail</b>		
City <b>South Dartmouth</b>	State <b>MA</b>	Zip <b>02748</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Lorraine A. Viviano</b>			Treasurer Name <b>Paul W. Whyte</b>		
Street Address <b>39 Villa Avenue</b>			Street Address <b>83F Nipmuc Trail</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert Gaumont</b>			Director Name <b>Paul W. Whyte</b>		
Street Address <b>6 Bittersweet Lane</b>			Street Address <b>83F Nipmuc Trail</b>		
City <b>South Dartmouth</b>	State <b>RI</b>	Zip <b>02748</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative <b>Robert Gaumont</b>					Date <b>3/16/17</b>
Signature of Authorized Representative 					

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**  
**MAR 20 2017**  
**BY 1225 DS**