



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 20662		2. Exact name of the Corporation James Pond Corp.			
3. Principal Office Address 90 Elm Street			City Providence	State RI	Zip 02903
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island Investment holding company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Gaumont			Vice-President Name Paul W. Whyte		
Street Address 6 Bittersweet Lane			Street Address 83F Nipmuc Trail		
City South Dartmouth	State MA	Zip 02748	City North Providence	State RI	Zip 02904
Secretary Name Lorraine A. Viviano			Treasurer Name Paul W. Whyte		
Street Address 39 Villa Avenue			Street Address 83F Nipmuc Trail		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Gaumont			Director Name Paul W. Whyte		
Street Address 6 Bittersweet Lane			Street Address 83F Nipmuc Trail		
City South Dartmouth	State RI	Zip 02748	City North Providence	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1500		Common
			PAR VALUE		\$100
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. <i>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.</i>					
Name of Authorized Representative Robert Gaumont					Date 3/16/17
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