



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

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 <u>30927</u>		2. Exact name of the Corporation <u>SAND DAM RESERVOIR ASSOCIATION</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>LAKE ASSOCIATION THAT WORKS AS A COMMUNITY TO PROTECT THE BODY OF WATER CALLED SMITH'S SALES</u>	
4. NAICS Code <u>81341</u>			
6. Principal Office Address <u>61 WOOD ROAD</u>		City <u>CHEPACHET</u>	State <u>RI</u> Zip <u>02814</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JUDY COLALUCA</u>		Vice-President Name <u>LYNN KUHANSKI</u>	
Street Address <u>61 WOOD ROAD</u>		Street Address <u>52 WOOD ROAD</u>	
City <u>CHEPACHET</u>	State <u>RI</u>	City <u>CHEPACHET</u>	State <u>RI</u> Zip <u>02814</u>
Secretary Name <u>MARY O'KEEFE</u>		Treasurer Name <u>CAROLYN FORTUNA</u>	
Street Address <u>NEW ROAD</u>		Street Address <u>115 SAND DAM ROAD</u>	
City <u>CHEPACHET</u>	State <u>RI</u>	City <u>CHEPACHET</u>	State <u>RI</u> Zip <u>02814</u>
8. 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 <u>MARISSA DANVILLE</u>		Director Name <u>ERIC LARIVIERRE</u>	
Street Address <u>EVERLYN'S WAY</u>		Street Address <u>CARRON ROAD</u>	
City <u>CHEPACHET</u>	State <u>RI</u>	City <u>CHEPACHET</u>	State <u>RI</u> Zip <u>02814</u>
Director Name <u>BRIAN SIROIS</u>		Director Name	
Street Address <u>EVERLYN'S WAY</u>		Street Address	
City <u>CHEPACHET</u>	State <u>RI</u>	City	State <u>RI</u> Zip
9. 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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>CAROLYN FORTUNA</u>			Date <u>05 JUNE 2017</u>
Signature of Officer/Authorized Representative <u>Carolyn Fortuna</u>			

FILED

JUN 09 2017

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