



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 830979		2. Exact name of the Corporation WATERMAN STREET DOG PARK	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island COMMUNITY GROUP WORKING WITH PROVIDENCE PARKS DEPT. TO MAINTAIN A DOG PARK ON THE EASTSIDE OF PROVIDENCE	
4. NAICS Code 813312			
6. Principal Office Address 19 LUZON AVE		City PROVIDENCE	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SUZANNE RENFRO		Vice-President Name LARRY GOLDBERG	
Street Address 182 SESSIONS STREET		Street Address 21 LANGHAM STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
Secretary Name KEN BYRNE		Treasurer Name KEN BYRNE	
Street Address 19 LUZON AVE		Street Address 19 LUZON AVE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
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 KEN BYRNE		Director Name SUZANNE RENFRO	
Street Address 19 LUZON AVE		Street Address 182 SESSIONS STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
Director Name LARRY GOLDBERG		Director Name	
Street Address 21 LANGHAM STREET		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02906		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative KEN BYRNE			Date 21 JUNE 2017
Signature of Officer/Authorized Representative K By			

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040

JUN 26 2017
 BY CU 306860