



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>307587</u>		2. Exact name of the limited liability company <u>Ironstone Water Associates, LLC (221310)</u>			
3. State of Formation <u>MA</u>		4. Brief description of the character of business conducted in Rhode Island <u>Water Supply</u>			
5. Principal office address <u>21 Dogwood Circle</u>		City <u>Holden</u>	State <u>MA</u>	Zip <u>01520</u>	
Contact Name <u>Robert Valentine</u>		Contact Title <u>Manager</u>			
Street Address <u>21 Dogwood Circle</u>		City <u>Holden</u>	State <u>MA</u>	Zip <u>01520</u>	
7. LIST ALL MANAGERS OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE, DO NOT LIST MEMBERS. (Name, Address, City, State, Zip)					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT OF THE LIMITED LIABILITY COMPANY					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

DEC 05 2017

1083

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2017 DEC -5 AM 11:11

File Date: _____
Check No: _____
By: _____
FOR SECRETARY OF STATE

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.

Robert Valentine
Signature of Authorized Person

12/1/17
Date

Robert Valentine
Print or Type Name of Authorized Person