



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN -4 PM 12:11

1. Entity ID Number 98323		2. Exact name of the Corporation Prudence Park Water Association, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NAICS Code - 221310 Mutual Water Company. Provision of potable water supply to 23 seasonal (summer) homes on Prudence Island, RI	
4. NAICS Code 221310			
6. Principal Office Address 110 Ferry Rd		City Bristol	State RI Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert H Heile		Vice-President Name Nan Brown	
Street Address 11 Robert Toner Blvd Ste 5-301		Street Address 047 Bay Ave, #316	
City N Attleboro	State MA	City Prudence Island	State RI Zip 02872
Secretary Name none		Treasurer Name Elizabeth Williams	
Street Address		Street Address 225 Centre St, Apt 706	
City	State	City Roxbury	State MA Zip 02119
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 Robert H Heile		Director Name Nan Brown	
Street Address 11 Robert Toner Blvd Ste 5-301		Street Address 047 Bay Ave, #316	
City N Attleboro	State MA	City Prudence Island	State RI Zip 02872
Director Name Elizabeth Williams		Director Name none	
Street Address 225 Centre St, Apt 706		Street Address	
City Roxbury	State MA	City	State 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 Elizabeth Williams, Treasurer			Date 06/01/18
Signature of Officer/Authorized Representative <i>Elizabeth H. Williams</i>			SIGN DOCUMENT HERE FILED

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

JUN 04 2018
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BY *A.A.W. 27p m*

FORM 631 - Revised: 11/2017