RI SOS Filing Number: 201868454710 Date: 6/4/2018 12:24:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:
Non-Profit Corporation

2016

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

SECRETARY	ìΛΕ̈́	22
SECRETARY CORPORAT SIMIL	ሁታ የበኤን	SIATE
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2018 MAY -8	AM I	Ո։ Լ. շ

1. Entity ID Number	2 Event name o	the Corporation	==	<del> </del>			
98323	2. Exact name of the Corporation						
	Prudence Park Water Association, Inc						
State of Incorporation	Brief description of the character of business conducted in Rhode Island						
RI	NAICS Code - 221310						
4. NAICS Code	Mutual Water Company.						
Provision of potable water supply to 23 seasonal (summer) homes on Prudence Island, RI							
6. Principal Office Address			City	State	Zip		
110 Ferry Rd			Bristol	RI	02809		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Robert H Helle			Vice-President Name Charles Worcester				
Street Address 11 Robert Toner Blvd Ste 5-301			Street Address 110 Ferry Rd				
City N Attleboro	State MA	Zip 02763	City Bristol	State ri	Zip 02809		
Secretary Name none	Treasurer Name Elizabeth William			35	•		
Street Address		Street Address 147 Chestnut Ave., Apt 6					
City	State	Zip	<sup>City</sup> Jamalca Plain	State MA	Zip 02136		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attrictment							
Director Name Robert H Helle		Director Name Charles Worcester					
Street Address 11 Robert Toner Blvd Ste 5-301			Street Address 110 Ferry Rd				
City N Attleboro	State MA	<sup>Zip</sup> 02763	City Bristol	State RI	Zip (02809		
Director Name Elizabeth Williams			Director Name none				
Street Address 147 Chestnut Ave., Apt 6			Street Address				
City Jamaica Plain	State MA	<sup>Zip</sup> 02136	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 Date							
Elizabeth Williams, Treasurer FILED 05/05/18					8		
Signature of Officer/Authorized Representative  SIGN DOCUMENT HETTEN 04 2018							
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MAIL TO: Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov A.A. 12:24 pm.

FORM 631 - Revised: 11/2017