



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2014**

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.

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 MAY -8 AM 10:42

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 <input type="checkbox"/>					
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 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 Williams		
Street Address			Street Address 419 E 73rd St Apt 3A		
City	State	Zip	City New York	State NY	Zip 10021
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 Charles Worcester		
Street Address 11 Robert Toner Blvd Ste 5-201			Street Address 110 Ferry Rd		
City N Attleboro	State MA	Zip 02763	City Bristol	State RI	Zip 02809
Director Name Elizabeth Williams			Director Name		
Street Address 419 E 73rd St Apt 3A			Street Address		
City New York	State NY	Zip 10021	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.					
<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 Elizabeth Williams, Treasurer				Date 05/05/18	
Signature of Officer/Authorized Representative <i>Elizabeth H. Williams</i>				SIGN DOCUMENT 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

BY **331884**
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