



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

Annual Report for the year: 2013
Non-Profit Corporation

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 CORPORATIONS DIV

2018 MAY -8 AM 10:42

- 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 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 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 Stephen C Williams			
Street Address		Street Address 270 North Farm			
City	State	Zip	City Bristol	State RI	Zip 02809
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 5-301		Street Address 110 Ferry Rd			
City N Attleboro	State MA	Zip 02763	City Bristol	State RI	Zip 02809
Director Name Stephen C Williams		Director Name none			
Street Address 270 North Farm		Street Address			
City Bristol	State RI	Zip 02809	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 Stephen Williams, Treasurer				Date 5/5/18	
Signature of Officer/Authorized Representative <i>Stephen Williams</i>				FILED	

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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

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 BY **331884**
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 FORM 631 - Revised: 11/2017