RI SOS Filing Number: 201868457630 Date: 6/4/2018 12:13:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2005	
Non-Profit Corporation		_

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2018 MAY -8 AM 10: 41

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

				<u></u> -				
1. Entity ID Number 98323	2. Exact name of the Corporation Prudence Park Water Association, Inc							
State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island NAICS Code - 221310							
4. NAICS Code	Mutual Water Company. Provision of potable water supply to 23 seasonal (summer) homes on Prudence Island, RI							
Principal Office Address			City	State	Zip			
408 Seaview Ave	view Ave		Warren	RI	02885			
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Robert H Helle			Vice-President Name George E Little					
Street Address 11 Louis Rt			Street Address 30 Blackington Dr					
City Attleboro	State MA	^{Zip} 02706	City Attleboro	State MA	^{Zip} 02703			
Secretary Name none		Treasurer Name Stephen C Williams						
Street Address			Street Address 408 Seaview Ave					
City	State	Zip	City Warren	State RI	Zip 02885			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name Robert H Heile		Director Name George E Little						
Street Address 11 Louis Rt			Street Address 30 Blackington Dr					
City Attleboro	State MA	^{Zip} 02706	City Attleboro	State MA	Zip 02763 C			
Director Name Stephen C Williams			Director Name none					
Street Address 408 Seaview Ave			Street Address					
City Warren	State R1	^{Zip} 02885	City	State	Zip (T)			
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								
Stephen Williams, Treasurer					වූ			
Signature of Officer/Authorized Representative								
MAIL TO	RAIL TO:							

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 0 4 2018

13 / 13 P MFORM 631 - Revised: 11/2017