



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

Annual Report for the year: **2019**
Corporation

S 110.37

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 60945		2. Exact name of the Corporation The Water Filter Company			
3. Principal Office Address 55 Pleasant Valley Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 237110		6. Brief description of the character of business conducted in Rhode Island To deal in water treatment and related goods			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven G. Tudino			Vice-President Name Alice M. Tudino		
Street Address 55 Pleasant Valley Road			Street Address 55 Pleasant Valley Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Steven G. Tudino			Treasurer Name Alice M. Tudino		
Street Address 55 Pleasant Valey Road			Street Address 55 Pleasant Valley Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven G. Tudino			Director Name Alice M. Tudino		
Street Address 55 Pleasant Valley Road			Street Address 55 Pleasant Valley Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			- 0 -		
			No Par		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Alice Tudino					Date 1/15/19
Signature of Authorized Representative Alice Tudino					SIGN DOCUMENT HERE FILED <i>02</i>

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

JAN 28 2019

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FORM 630 - Revised: 10/2017