



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53824**      2. Name of Corporation **R.I. Artesian Well, Inc.**

3. Street Address Principal Business Office \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Business Phone No. \_\_\_\_\_      5. State of Incorporation **RHODE ISLAND**      6. SIC Code **885**

7. Brief Description of the Character of Business Conducted in Rhode Island \_\_\_\_\_

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name _____			Vice President Name _____		
Street Address _____			Street Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Secretary Name _____			Treasurer Name _____		
Street Address _____			Street Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name _____			Director Name _____		
Street Address _____			Street Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Director Name _____			Director Name _____		
Street Address _____			Street Address _____		

ISLAND AND PROVIDENCE PLANTATIONS  
State \_\_\_\_\_  
Secretary of State

**RETURN SERVICE  
REQUESTED**



12/22/99 PROV RI029

GERE104\* 029033007 1090 00 12/24/99  
RETURN TO SENDER  
GEREMIA  
99 WAYLAND AVE  
PROVIDENCE RI 02906-4314  
RETURN TO SENDER

1. AUTO 02903



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Director or Trustee

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