



Department of State - Business Services Division

Annual Report for the year: **2019**
 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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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2019 JUL 29 AM 11:25

1. Entity ID Number 132263		2. Exact name of the Corporation Echo Lake Water Supply Co.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Furnishing of water to residents of water district			
4. NAICS Code 221310					
6. Principal Office Address P O Box 774			City Chepachet	State RI	Zip 02814
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian Etheridge			Vice-President Name		
Street Address 136 Lake Drive			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 David Theberge			Director Name Paul Brais		
Street Address 50 First Street			Street Address 82 Center Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Director Name Andrew Noyes			Director Name Dan Somonin		
Street Address Lake Drive			Street Address 269 Lake Drive		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, any Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Brian Etheridge				Date 6/10/2019	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE BY 2981 DS	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov