



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

FILED

Annual Report for the year: 2020
Corporation

JAN 15 2020

BY 416 DS

- 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 8890		2. Exact name of the Corporation Tarkiln Pond, Inc.			
3. Principal Office Address 321 South Main Street			City Burrillville	State RI	Zip 02859
4. NAICS Code 237210		6. Brief description of the character of business conducted in Rhode Island Sub-Divider and Developer			
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 Jean M. Grossi			Vice-President Name Richard Millette		
Street Address PO Box 5189			Street Address 321 South Main Street		
City Esmond	State RI	Zip 02917	City Burrillville	State RI	Zip 02859
Secretary Name Linda A. Fontaine			Treasurer Name Donna Bourgeois		
Street Address 321 South Main Street			Street Address Pole #3 Mowry Road		
City Burrillville	State RI	Zip 02859	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donald E. Fontaine			Director Name Jean M. Grossi		
Street Address 321 South Main Street			Street Address PO Box 5189		
City Burrillville	State RI	Zip 02859	City Esmond	State RI	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
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 100	CLASS/SERIES Common	PAR VALUE 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 Richard Millette - Vice President				Date 01/02/2020	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
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