



RI SOS Filing Number: 202033291260 Date: 1/27/2020 4:00:00 PM  
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

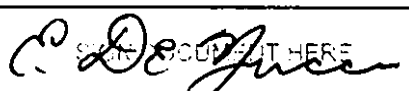
Annual Report for the year: **2020**  
Corporation

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

**FILED** STAMP

JAN 27 2020

BY

1. Entity ID Number <b>75004</b>		2. Exact name of the Corporation <b>Waterman North Associates, Inc.</b>			
3. Principal Office Address <b>129 Waterman Avenue</b>		City <b>North Providence</b>		State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code <b>531120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real estate management</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Edward D. DeNuccio</b>			Vice-President Name <b>Donald D. DeNuccio</b>		
Street Address <b>129 Waterman Avenue</b>			Street Address <b>129 Waterman Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>Edward D. DeNuccio</b>			Treasurer Name <b>Donald D. DeNuccio</b>		
Street Address <b>129 Waterman Avenue</b>			Street Address <b>129 Waterman Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			Common		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. <b>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.</b>					
Name of Authorized Representative <b>Edward D. DeNuccio</b>					Date <b>1-7-20</b>
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)