



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

Annual Report for the year:
 Non-Profit Corporation

2020

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED
 JUN 03 2020
 BY: 1563
 BY: JO

1. Entity ID Number 001151		2. Exact name of the Corporation Glendale Water Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide clean water			
4. NAICS Code 624229 - Other Communit					
6. Principal Office Address 10 Woodside Road			City Glendale	State RI	Zip 02826
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George Dupuis			Vice-President Name n/a		
Street Address 40 Elm Rd			Street Address		
City Glendale	State RI	Zip 02826	City	State	Zip
Secretary Name Vallerie Rosati			Treasurer Name Same as Secretary		
Street Address 39 Woodside Road			Street Address		
City Glendale	State RI	Zip 02826	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 Cindy Foisy			Director Name John Quinn		
Street Address 20 Elm Rd			Street Address 34 Maple Leaf Rd		
City Glendale	State RI	Zip 02826	City Glendale	State RI	Zip 02826
Director Name Derek Dupont			Director Name		
Street Address 103 Stockwell Rd			Street Address		
City Glendale	State RI	Zip 02826	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Vallerie Rosati				Date 20MAY2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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