RI SOS Filing Number: 202187416870 Date: 1/15/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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
JAN 15 2021
BY

1. Entity ID Number	2. Exact name of the Corporation			
8890	Tarkiln Pond, Inc.			
3. Principal Office Address		City	State	Zip
321 South Main Street		Burrillville	RI	02859
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
237210	Sub-Divider and Developer			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Jean M. Grossi			Richard Millette		
Street Address			Street Address		
PO Box 5189			321 South Main Street		
City / State / Zip			City / State / Zip		
Esmond	RI	02917	Burrillville	RI	02859
Secretary Name			Treasurer Name		
Linda A. Fontaine			Donna Bourgeois		
Street Address			Street Address		
321 South Main Street			Pole #3 Mowry Road		
City / State / Zip			City / State / Zip		
Burrillville	RI	02859	North Smithfield	RI	02896

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Donald E. Fontaine			Jean M. Grossi		
Street Address			Street Address		
321 South Main Street			PO Box 5189		
City / State / Zip			City / State / Zip		
Burrillville	RI	02859	Esmond	RI	02917
Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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.

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	Date
Richard Millette - Vice President	01/02/2021

Signature of Authorized Representative — 1-5-21

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020