

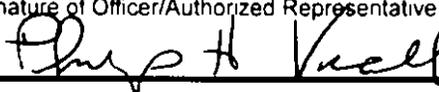


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2021
 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.

FILED
 MAY 21 2021
 BY 1008
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1. Entity ID Number 0000029346		2. Exact name of the Corporation Citizens for the Preservation of Waterman Lake, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Control of water level and maintenance of dam of Waterman Lake			
4. NAICS Code 813312 - Environment, Cons					
6. Principal Office Address PO Box 82		City Harmony	State RI	Zip 02829	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeff D'Antuono		Vice-President Name Kenneth Robertson			
Street Address 34 Lake Harmony Ave		Street Address 65 Old Quarry Rd			
City Chepachet	State RI	Zip 02814	City North Scituate	State RI	Zip 02857
Secretary Name Elizabeth Viall		Treasurer Name Philip Viall			
Street Address 138 Terrace Ave		Street Address 128 Foote St			
City Riverside	State RI	Zip 02915	City Barrington	State RI	Zip 02806
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 Jeff D'Antuono		Director Name Kenneth Robertson			
Street Address 34 Lake Harmony Ave		Street Address 65 Old Quarry Rd			
City Chepachet	State RI	Zip 02814	City North Scituate	State RI	Zip 02857
Director Name Philip Viall		Director Name			
Street Address 128 Foote St		Street Address			
City Barrington	State RI	Zip 02806	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.					
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>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 Philip Viall, Treasurer				Date 05/13/2021	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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