



State of Rhode Island
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

JUN 14 2021

BY

1. Entity ID Number 98323		2. Exact name of the Corporation Prudence Park Water Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NAICS Code 221310 Mutual Water Company Provision of potable water to 23 seasonal homes on Prudence Island. RI			
4. NAICS Code 221310					
6. Principal Office Address P.O. Box 61 Atlantic Ave.			City Prudence Island	State RI	Zip 02872
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nan Brown			Vice-President Name Rob Garlick		
Street Address 047 Bay Ave #316			Street Address PO Box 81		
City Prudence Island	State RI	Zip 02872	City Prudence Island	State RI	Zip 02872
Secretary Name Kristin DiPrete			Treasurer Name Stephen Koopman		
Street Address 515 Narragansett Pkwy			Street Address 515 Narragansett Pkwy		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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 Nan Brown			Director Name Rob Garlick		
Street Address 047 Bay Ave #316			Street Address PO Box 81		
City Prudence Island	State RI	Zip 02872	City Prudence Island	State RI	Zip 02872
Director Name John Worcester			Director Name Ken Garlick		
Street Address PO Box 274			Street Address PO Box 31		
City Prudence Island	State RI	Zip 02872	City Prudence Island	State RI	Zip 02872
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Stephen Koopman				Date 06/04/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
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