



Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

OCT 14 2021

4211

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

| | | | | | |
|--|----------|---|---|-------------------|--------------|
| 1. Entity ID Number 001711072 | | 2. Exact name of the Corporation Johnson's Pond Waterski Club | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island To promote the sport of water skiing throughout the community. | | | |
| 4. NAICS Code 611620 | | | | | |
| 6. Principal Office Address 48 Arabian Drive | | | City Coventry | State RI | Zip 02816 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name William Brzoza | | | Vice-President Name | | |
| Street Address 48 Arabian Drive | | | Street Address | | |
| City Coventry | State RI | Zip 02816 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 William Brzoza | | | Director Name Nikole J Soubliere-Brzoza | | |
| Street Address 48 Arabian Drive | | | Street Address 48 Arabian Drive | | |
| City Coventry | State RI | Zip 02816 | City Coventry | State RI | Zip 02816 |
| Director Name Rick J Soubliere | | | Director Name | | |
| Street Address 51 Arabian Drive | | | Street Address | | |
| City Coventry | State RI | Zip 02816 | City | State | Zip |
| 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. | | | | | |
| <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 William Brzoza | | | | Date 9/29/2021 | |
| Signature of Officer/Authorized Representative | | | | 10/12/21 | |

MAIL TO:
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