



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2021

Non-Profit Corporation

2021 NOV 15 PM 2:37

→ 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 <u>000487286</u>		2. Exact name of the Corporation <u>The Group to Save Long Pond, Inc.</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To preserve and conserve water quality, phragmite growth and development around the pond. To educate members.</u>	
4. NAICS Code <u>813312</u>			
6. Principal Office Address <u>71 Indian Hill Road</u>		City <u>Little Compton</u>	State <u>RI</u>
		Zip <u>02837</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Sharon W. Linder</u>		Vice-President Name <u>John Marshall</u>	
Street Address <u>71 Indian Hill Road</u>		Street Address <u>54 Sakonnet Pt. Road</u>	
City <u>Little Compton</u>	State <u>RI</u>	City <u>Little Compton</u>	State <u>RI</u>
Zip <u>02837</u>		Zip <u>02837</u>	
Secretary Name <u>Arthur Gregory</u>		Treasurer Name <u>Sam Chase</u>	
Street Address <u>4 Long Pond Lane</u>		Street Address <u>1 Ann and Hope Way</u>	
City <u>Little Compton</u>	State <u>RI</u>	City <u>Cumberland</u>	State <u>RI</u>
Zip <u>02837</u>		Zip <u>02864</u>	
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 <u>John Marshall</u>		Director Name <u>Arthur Gregory</u>	
Street Address <u>54 Sakonnet Pt. Road</u>		Street Address <u>4 Long Pond Lane</u>	
City <u>Little Compton</u>	State <u>RI</u>	City <u>Little Compton</u>	State <u>RI</u>
Zip <u>02837</u>		Zip <u>02837</u>	
Director Name <u>Sam Chase</u>		Director Name <u>Hilary Woodhouse</u>	
Street Address <u>1 Ann & Hope Way</u>		Street Address <u>Round Pond Road</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>Little Compton</u>	State <u>RI</u>
Zip <u>02864</u>		Zip <u>02837</u>	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <u>Sharon W. Linder</u>			Date <u>11/12/2021</u>
Signature of Officer/Authorized Representative <u>Sharon W. Linder</u>			

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

FILED

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BY 567310

A.A. 2:39pm

FORM 631 - Revised: 08/2020