



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED
JAN 30 2023
 BY 1039

1. Entity ID Number 000830979		2. Exact name of the Corporation Waterman Street Dog Park			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Help maintain and make improvements to Waterman Street Dog Park in Providence			
4. NAICS Code 813312 - Environment, Conservation and Forestry <input type="checkbox"/>					
6. Principal Office Address 126 Laurel Ave		City Providence	State RI	Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Larry Goldberg		Vice-President Name Robin Densten			
Street Address 21 Langham Street		Street Address 158 University Ave.			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Joel Marks		Treasurer Name Edward Bozzi			
Street Address 50 Alfred Stone Rd		Street Address 126 Laurel Ave			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Jennifer Luxmore		Director Name Meredith Ramsey			
Street Address 72 Capwell Dr		Street Address 60 Valley St			
City Pawtucket	State RI	Zip 02960	City Providence	State RI	Zip 02909
Director Name Larry Goldberg		Director Name			
Street Address 21 Langham St		Street Address			
City Providence	State RI	Zip 02906	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.					
<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 Edward Bozzi				Date 1/25/23	
Signature of Officer/Authorized Representative 					

MAIL TO:
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