	Date: 5/8/2023 4:00:00 PM					
State of Rhode Island Department of Sta	ate - Busines	s Services D	Division			
Annual Report for the year: 2023						
Corporation — — — — — — — — — — — — — — — — — — —			- MAY 0 8 2023 32 M			
→ Filing period: February 1 - May 1			20 / 0			
→ Filing Fee: \$50.00→ Penalty: Additional \$25.00 f	as if form is not f	filed by May 31				•
•						
1. Entity ID Number	2. Exact name of the Corporation Echo Lake Water Supply Co.					
432263	Echo Lake	e vvater Su	ppiy Co.			
3. Principal Office Address			City		State	Zip
P_O Box 774			Chepachet		RI	02814
NAICS Code	6. Brief descript	tion of the charact	er of business conducted	in Rhode Isl	and	
221310	Furnishing of water to residents of water distdrict					
5. State of Incorporation	1					
Rhode Island	1					
7. List ALL officers (names and ad	dresses)			Check t	ne box to indicate	e an attachment 🗖
Président Name Brian Etheridge			Vice-President Name Andrew Noyse			
Street Address 136 Lake Drive			Street Address LAKC DR.			
City Chepachet	State RI	^{Zip} 02814	City		State	Zip
Secretary Name			Treasurer Name			
Street Address			Street Address			
Screet Address			Silect Address			
©hý Žísa	State	Zip	City		State	Zip
8. List ALL directors (names and a	ddresses)			Check t	he box to indicat	e an attachment 🔲
Director Name David Theberge			Director Name Paul Brais			
Street Address 50 First Street			Street Address 82 Center Road			
City Chepachet	State RI	^{Zip} 02814	City Chepachet		State RI	^{Zip} 02814
Director Name Andrews Jean Carcieri			Director Name Dan-Semonin			
Street Address Lake Dive First Rd			Street Address 269 Lake Drive			
City 56 Chepachet	State RI	^{Zıp} 02814	City Chepachet		State Pi	Zip 02814
9. Shares Authorized		10. Shares Issi			he box to indicat	
This information is currently of record in the NUMBER Department of State.			SHARES	CLASS/SFRIES		PAR VALUE
Changes require an additional filing				·	 	
11) This report must be executed of trustee, this report must be executed to the executed the ex				If the corpor	ation is in the ha	nds of a receiver or
Under penalty of perjury, I decla statements, and that all stateme	re and affirm tha	at I have examine	ed this report, including	any accom	panying schedu	iles and
Name of Authorized Representative	Date					
Brian Etheridge	4/22/2023					
Signature of Authorized Represen	letige	· · · · · ·				
1/1/2	0					

MAIL TO:

Division of Business Services 448 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov