



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

MAY 08 2023

*3272*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>132263</b>		2. Exact name of the Corporation <b>Echo Lake Water Supply Co.</b>			
3. Principal Office Address <b>P O Box 774</b>			City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
4. NAICS Code <b>221310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Furnishing of water to residents of water district</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Brian Etheridge</b>			Vice-President Name <b>Andrew Noyse</b>		
Street Address <b>136 Lake Drive</b>			Street Address <b>LAKE DR.</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>David Theberge</b>			Director Name <b>Paul Brais</b>		
Street Address <b>50 First Street</b>			Street Address <b>82 Center Road</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
Director Name <del>AFRANCO</del> <b>Jean Carcieri</b>			Director Name <del>Dan Semonin</del>		
Street Address <del>Lake Drive</del> <b>First Rd</b>			Street Address <b>269 Lake Drive</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <del>Chepachet</del>	State <del>RI</del>	Zip <del>02814</del>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<b>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.</b>					
Name of Authorized Representative <b>Brian Etheridge</b>				Date <b>4/22/2023</b>	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov