



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.

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RI DEPT OF STATE
CORPORATE SERVICES

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1. Entity ID Number <u>000026192</u>		2. Exact name of the Corporation <u>LAKE WIOOSKIEGE Improvement Association</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To educate AND unite landowners AND residents AND/OR users of Sprague Lower Reservoir in a common cause of lake dam preservation, improvement, AND protection.</u>	
4. NAICS Code <u>813212</u>			
6. Principal Office Address <u>11 DEER RUN TRAIL</u>		City <u>Smithfield</u>	State <u>RI</u> Zip <u>02917</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JO-ANN KING</u>		Vice-President Name <u>ELIZA WALKER</u>	
Street Address <u>11 DEER RUN TRAIL</u>		Street Address <u>81 Indian Run TRAIL</u>	
City <u>Smithfield</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u> Zip <u>02917</u>
Secretary Name <u>ROBERT OUELLETTE</u>		Treasurer Name <u>GEORGE SPARGEN</u>	
Street Address <u>7 TOTEM POLE TRAIL</u>		Street Address <u>143 Indian Run TRAIL</u>	
City <u>Smithfield</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u> Zip <u>02917</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>LAURIE OUELLETTE</u>		Director Name <u>JO-ANN KING</u>	
Street Address <u>7 TOTEM POLE TRAIL</u>		Street Address <u>11 DEER RUN TRAIL</u>	
City <u>Smithfield</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u> Zip <u>02917</u>
Director Name <u>ELIZA WALKER</u>		Director Name	
Street Address <u>81 Indian Run TRAIL</u>		Street Address	
City <u>Smithfield</u>	State <u>RI</u>	City	State <u>RI</u> 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.			
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>JO-ANN KING</u>		Date <u>6/15/2023</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		FILED	

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

BY

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