



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000161241

2. Name of Corporation TEN MILE- RUNNINS WATERSHED COUNCIL

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813312

4. Principal Office Address

No. and Street: P.O. BOX 16611

City or Town: RUMFORD

State: RI

Zip: 02916

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO WORK FOR THE RESTORATION OF CLEAN WATER AND THE WISE USE OF THE
TEN MILE RIVER AND RELATED NATURAL RESOURCES WITHIN THE WATERSHED.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	KEITH GONSALVES	2 RAMSAY STREET RIVERSIDE, RI 02915 USA
TREASURER	CINDY ROSE	27 WESTDALE STREET SEEKONK, MA 02771 USA
DIRECTOR	PATTY PLANTE	150 WHITTIER ROAD PAWTUCKET, RI 02861 USA
DIRECTOR	DEBORAH GONSALVES	2 RAMSAY STREET RIVERSIDE, RI 02915 USA
DIRECTOR	KATHIE VENTURA	8 GOODALL PLACE RIVERSIDE, RI 02915 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

KEITH GONSALVES 10 NEWMAN AVENUE P.O. BOX 16611 RUMFORD , RI 02916

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 19 Day of February, 2024 at 9:47:45 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KEITH T GONSALVES
Signature of Authorized Person

Form No. 631
Revised 09/07

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