

**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.** 000132263**2. Name of Corporation** ECHO LAKE WATER SUPPLY CO.**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

221310**4. Principal Office Address**No. and Street: P.O. BOX 774City or Town: CHEPACHET State: RI Zip: 02814 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO EXPLORE FOR AND TO EXTRACT, DISTRIBUTE AND PROVIDE WATER FOR ALL PURPOSES IN THE TOWN OF GLOCESTER, RI**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	BRIAN ETHERIDGE	136 LAKE DRIVE CHEPACHET, RI 02814 USA
VICE PRESIDENT	ANDY NOYES	142 LAKE DR CHEPACHET, RI 02814 US
DIRECTOR	JEAN CARCIERI	4 FIRST RD CHEPACHET, RI 02814 US
DIRECTOR	DAVID THEBERGE	50 FIRST STREET CHEPACHET, RI 02814 USA
DIRECTOR	PAUL BRAIS	4 FIRST RD CHEPACHET, RI 02814 US

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

WILLIAM L. BERNSTEIN, ESQ. 627 PUTNAM PIKE GREENVILLE , RI 02828

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

Signed this 18 Day of March, 2024 at 9:46:16 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 BRIAN ETHERIDGE
Signature of Authorized Person

Form No. 631
Revised 09/07

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