RI SOS Filing	Number: 202454695850 Date: 5/21/2024 4:00:00 PM				
State of Rhode Islam Department of S	tate - Business Services Division	ECU PI			
Annual Report for the yea Non-Profit Corporation → Filing period. February 1 - May → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee	1	005 850 5 541:11:13			
1. Entity ID Number	2. Exact name of the Corporation				
000026192	LAKE WIONK HIEGE IMPROVEMENT ASSOCIATED	ON			
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RhoDE ISCAND	VOLUNTARY ASSOCIATION to educate And unite landowners, residents Andlor users of Spraque Lower Reservoir in a				
4. NAICS Code	residents Andlor users of Springue Lower Reservoir in a	1			
813212	Common CAUSE to preserve, improve, ANA Project the WAS	c,			

000026192	1-02-11	TONK how	SE IMPROVEMENT	ASSOCIA	TION	
3. State of Incorporation			r of business conducted in Rhode		· +	
· .	Voluntary Association to educate And unite landowners,					
RhoDE ISCAND	residents Arolor users of Springue Lower Reservoir in a					
4. NAICS Code 813212	Common CAUSE to preserve, improve, AND Project the WASK,					
010010	dam, And)	nAturaler	TY BONDENT NOW AN	D the futur	·c	
6. Principal Office Address			City	State	Žip	
11 DEER RUNTRALL			Smithfield	RI	02917	
7. List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name Jo - ANN KING			Vice-President Name  JOE THERIEN			
Street Address 11 DEER RUN TRAIL			Street Address 49 INDIAN RUN TRAIL			
Smith field	State R I	Zip 03917	City Smithfield	State R Z	Zip 02917	
Secretary Name  LAURIE OUE/LETTE			Treasurer Name GEORGE SPARVEN			
Street Address 2 TOTEM PULE TRAIL			Street Address 143 TNDIAN RUN TRAIL			
city Smith field	State A I	Zip 03917	City Smithfield	State パエ	Zip 02917	
8. List ALL directors (names and ac	ddresses). RI Corp	porations MUST lis	ot at least THREE directors.	the box to indicate	an attachment	
8. List ALL directors (names and ac Director Name ビレエスA いん		porations MUST lis	Check	the box to indicate  Therie	· · · · · · · ·	
Director Name  ELIZA WA  Street Address	IKER		Check	Therie	· · · · · · · ·	
Director Name ELIZA WA	IKER		Check Director Name  Street Address	Therie	· · · · · · · ·	
Director Name  ELIZA WA  Street Address  8/ INDIAN  City  Smithfield  Director Name	IKER UN TRAIC State RZ	T Zip	Check Director Name  Street Address  City  Smithfield  Director Name	Therie	Zip U2917	
Director Name  ELIZA WA  Street Address  8/ INDIAN  City  Smithfield  Director Name  Anbert Oue IIE  Street Address	IKER UN TRAIC State RZ TTE	T Zip	Check Director Name  Street Address  City  City  Director Name  City  Ci	Therie UN TRAIL State RZ SPARVE	Zip U2917 V(=)V	
Director Name  ELIZA WA  Street Address  8/ INDIAN  City  Smithfield  Director Name  Anbert OUE 116	IKER UN TRAIC State RZ TTE	T Zip	Check Director Name  Street Address  Lity Smithfield Director Name  Director Name  Lancette	Therie UN TRAIL State RZ SPARVE	Zip U2917 V=>V	
Director Name  ELIZA WA  Street Address  8/ INDIAN  City  Smithfield  Director Name  Anbert Oue IIE  Street Address  7 TOTEM POLE	IKER UN TRAIL State RZ TTE TAAIL State R2	Zip 02917 Zip 02917	Check Director Name  Street Address  City  Smithfield  Director Name  Teannette  Street Address  143 JNDIAN  City  Smith Sield	Therie  UN TRAIL  State  RT  Sparvf  RUN TRA  State  RZ	Zip U2917 V(=>V Zip O2917	
Director Name  ELIZA WA  Street Address  8/ INDIAN  City Smifhfield  Director Name Anbert OUE 11E  Street Address 7 TOTEM POLE  City Smithfield	State  TAIL  State  L2  To of record with the re and affirm that	Zip OJ917 Zip OJ917 te RI Department of	Check Director Name  Street Address  City  Mithfield  Director Name  Teannette  Street Address  J J D D AN  City  Mith Si eld  of State is accurate. Changes required this report, including any according to the control of the contro	Therie  UN TRAIL  State  RUN TRA  State  RZ  Uire filing Form 64	Zip (29)7 V(=)V Zip (29)7 1.	
Director Name  ELIZA WA  Street Address  String Indian  City  Mithial  Director Name  Nobert Ovelle  Street Address  7 To Tem Pole  City Smith field  9. The Registered Agent informatio  Under penalty of perjury, I declar	State  LATE  State  LATE  State  LATE  State  LATE  on of record with the re and affirm that must contained here	Zip Oよ917 であ917 te RI Department of the Nave examined rein are true and	Check Director Name  Street Address  City  Director Name  City  Street Address  JAN DIAN  City  Mith Si eld  of State is accurate. Changes required this report, including any according to the state of	State  State  Row Trace  State  State	Zip U2917 Zip O2917 1. dules and	
Director Name  ELIZA WA  Street Address  8/ INDIAN  City  Director Name  Anbert OVE 11E  Street Address  7 TOTEM POLE  City Smith field  9 The Registered Agent informatio  Under penalty of perjury, I declar  statements, and that all statements	State RZ THAIL State R2 n of record with the re and affirm that into contained he sident. Vice-President.	Zip Oよ917 であ917 te RI Department of the Nave examined rein are true and	Check Director Name  Street Address  City  Director Name  City  Street Address  JAN DIAN  City  Mith Si eld  of State is accurate. Changes required this report, including any according to the state of	State  Row TRA  Date	Zip U2917  Zip U3917  Zip 917  1.  Iules and	
Director Name  ELIZA WA  Street Address  Note of Africal  Director Name  Anbert Oue IIE  Street Address  To Ten Pole  City Smith field  9. The Registered Agent informatio  Under penalty of perjury, I declar  statements, and that all statement  This report must be signed by either the Pres  Name of Officer/Authorized Repres	State  LZ  State  LZ  State  LZ  THAIL  State  LZ  on of record with the re and affirm that must contained he is ident. Vice-President.	Zip Oよ917 であ917 te RI Department of the Nave examined rein are true and	Check Director Name  Street Address  City  Director Name  City  Street Address  JAN DIAN  City  Mith Si eld  of State is accurate. Changes required this report, including any according to the state of	State  Row TRA  Date	Zip UQ917 V(=)V Zip Q917 1. dules and	
Director Name  ELIZA WA  Street Address  Note of the field  Director Name  Note of the field  Director Name  Note of the field  Street Address  To Tem Pole  City Smith field  9. The Registered Agent information  Under penalty of perjury, I declar statements, and that all statements  This report must be signed by either the Pres	State  LZ  State  LZ  TLAIL  State  LZ  Trail  State  Trail  State  Trail  State  Trail  State  Trail  State  Trail  Tra	Zip Oよ917 であ917 te RI Department of the Nave examined rein are true and	Check Director Name  Street Address  City  Director Name  City  Street Address  JAN DIAN  City  Mith Si eld  of State is accurate. Changes required this report, including any according to the state of	State  Row TRA  Date	Zip U2917  Zip Zip 2917  1.  Zip 2917  1.  Jules and	

MAIL TO:
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