



State of Rhode Island
Department of State - Business Services Division

REC'D RHODES PSD
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Annual Report for the year: 2024
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.

1. Entity ID Number 000026192		2. Exact name of the Corporation LAKE WTONKHTLEGE IMPROVEMENT ASSOCIATION	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island VOLUNTARY ASSOCIATION TO educate and unite landowners, residents and/or users of SPRAGUE Lower Reservoir in a common cause to preserve, improve, and protect the water, dam, and natural environment now and the future.	
4. NAICS Code 813212			
6. Principal Office Address 11 DEER RUN TRAIL		City Smithfield	State RI
		Zip 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	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name LAURIE OUELLETTE		Treasurer Name GEORGE SPARVYVEN	
Street Address 7 TOTEM POLE TRAIL		Street Address 143 INDIAN RUN TRAIL	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment			
Director Name ELIZA WALKER		Director Name ROSEMARY Therien	
Street Address 81 INDIAN RUN TRAIL		Street Address 49 INDIAN RUN TRAIL	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Director Name Robert OUELLETTE		Director Name Jeanette SPARVYVEN	
Street Address 7 TOTEM POLE TRAIL		Street Address 143 INDIAN RUN TRAIL	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Jo-Ann King			Date 5/21/2024
Signature of Officer/Authorized Representative <i>Jo-Ann King</i>			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

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