State of Rhode Island
Department of State - Business Services Division

JAN 08 2025
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Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation		
000008890	Tarkiln Pond, Inc.		
3. Principal Office Address	City	State	Zip
16 Tarklin Pond Drive PO Box 474	Slatersville	RI	02876
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
237210	Sub-Divider and Developer		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Jean M. Grossi	109 Bincent Street	North Providence	RI	02904

Vice-President Name	Street Address	City	State	Zip
Richard Millette	PO Box 474	Slatersville	RI	02876

Secretary Name	Street Address	City	State	Zip
Richard Millette	PO Box 474	Slatersville	RI	02876

Treasurer Name	Street Address	City	State	Zip
Donna Rondeau	PO Box 89	Glendale	RI	02826

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Richard Millette	PO Box 474	Slatersville	RI	02876

Director Name	Street Address	City	State	Zip
Jean M. Grossi	109 Bincent Street	North Providence	RI	02904

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
Richard Millette - Vice President	02/01/2025

Signature of Authorized Representative

1-6-25

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

FORM 630- Revised 12/2023