



**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 2025:** 2025

**1. Corporate ID No.** 001710663

**2. Name of Corporation** Potowomut Cotton Company

**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

813219

**4. Principal Office Address**

No. and Street: 377 SWITCH ROAD

City or Town: WOOD RIVER JUNCTION State: RI Zip: 02894 Country: USA

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

POTOWOMUT COTTON COMPANY IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTIONS OF ANY FUTURE FEDERAL TAX CODE. AND ALSO INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	ELIZABETH WATERMAN ANDERSON	PO BOX 58 SOUTH POMFRET, VT 05067 USA
DIRECTOR	EMILY WATERMAN MOONEY	5292 POMFRET ROAD NORTH POMFRET, VT 05053 USA
PRESIDENT, DIRECTOR	GEORGE HALL WATERMAN III	155 WOOSTER STREET 6R NEW YORK, NY 10012 USA
TREASURER, DIRECTOR	RICHARD RUFUS WATERMAN	377 SWITCH ROAD WOOD RIVER JUNCTION, RI 02894 USA
SECRETARY, DIRECTOR	SUSAN THORPE WATERMAN	377 SWITCH ROAD WOOD RIVER JUNCTION, RI 02894 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

RICHARD R. WATERMAN 377 SWITCH ROAD WOOD RIVER JUNCTION , RI 02894

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

Signed this 14 Day of January, 2025 at 11:35:29 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 RICHARD WATERMAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07