



State of Rhode Island
Department of State - Business Services Division

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.

FILED

MAR 13 2025
BY *[Signature]*

| | | | | | |
|--|-------------|---|---------------------------------------|-----------------|--------------|
| 1. Entity ID Number 000020662 | | 2. Exact name of the Corporation JAMES POND CORPORATION | | | |
| 3. Principal Office Address 90 ELM STREET | | City PROVIDENCE | | State RI | Zip 02903 |
| 4. NAICS Code 551112 | | 6. Brief description of the character of business conducted in Rhode Island INVESTMENT HOLDING COMPANY | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name ROBERT GAUMONT | | | Vice-President Name ROBERT BELMONT | | |
| Street Address 6 BITTERSWEET LANE | | | Street Address 22 BARBERRY LANE | | |
| City SOUTH DARTMOUTH | State MA | Zip 02748 | City NORWOOD | State MA | Zip 02062 |
| Secretary Name MIRANDA DOUGLAS | | | Treasurer Name ROBERT BELMONT | | |
| Street Address 29 BOWEN STREET | | | Street Address 22 BARBERRY LANE | | |
| City CUMBERLAND | State RI | Zip 02864 | City NORWOOD | State MA | Zip 02062 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name ROBERT GAUMONT | | | Director Name ROBERT BELMONT | | |
| Street Address 6 BITTERSWEET LANE | | | Street Address 22 BARBERRY LANE | | |
| City SOUTH DARTMOUTH | State MA | Zip 02748 | City NORWOOD | State MA | Zip 02062 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued | | CLASS/SERIES | |
| | | NUMBER OF SHARES | 1500 | COMMON | PAR VALUE |
| | | | | | |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative ROBERT GAUMONT <i>[Signature]</i> | | | | Date 2/28/25 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov