State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

*** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
54457	AQUA-FIL, INC.			
3. Street Address of Principal Business Office		City	State	Zip
89 MERRILL COURT		WOONSOCKET	RI	02895
4. Business Phone No.	5. State of Incorporation			
401-765-3004	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TRANSPORTATION AND LOGISTICS SERVICES. TO ENGAGE IN THE MOVING, CONVEYING AND DELIVERYING OF WATER TO RESIDENTIAL AND COMMERCIAL SWIMMING POOLS AND ANY OTHER CUSTOMERS WITH WATER NEEDS.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ANNE M. MARTINEAU			RONALD B. MARTINEAU		
Street Address			Street Address		
89 MERRILL COURT			89 MERRILL COURT		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895	WOONSOCKET	RI	02895
Secretary Name			Treasurer Name		
RONALD B. MARTINEAU			ANNE M. MARTINEAU		
Street Address			Street Address		
89 MERRILL COURT			89 MERRILL COURT		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895	WOONSOCKET	RI	02895

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
800	NO PAR VALUE	

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	COMMON	NO PAR

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.

[redacted] [redacted]

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.

Anne M Martineau 2-18-2008
Signature *Date*

ANNE M. MARTINEAU
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. FEB 20 2008
By: DS - 0300
By
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06

ATTACHEMENT

#6. AQUA-FIL, INC. ALSO USES D.B.A. HOMESTEAD FUEL OIL FOR THE PURPOSE OF DELIVERYING HEATING FUEL TO HOMES AND BUSINESSES.