



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 2009

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. 000074587 | | 2. Name of Corporation SCOTT SWIMMING POOLS, INC. | | |
| 3. Street Address Principal Business Office 75 WASHINGTON ROAD | | | City WOODBURY | State CT |
| 4. Business Phone No. 203-263-2108 | | 5. State of Incorporation CT | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island RESIDENTIAL SWIMMING POOLS AND RENOVATIONS | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name JAMES M. SCOTT | | Vice President Name SUSAN M. SCOTT | | |
| Street Address 45 TANNER HILL ROAD | | Street Address 45 TANNER HILL ROAD | | |
| City NEW PRESTON | State CT | Zip 06777 | City NEW PRESTON | State CT |
| Secretary Name FAY B. PLATT | | Treasurer Name JAMES M. SCOTT | | |
| Street Address 96 ALLERTON ROAD | | Street Address 45 TANNER HILL ROAD | | |
| City NAUGATUCK | State CT | Zip 06770 | City NEW PRESTON | State CT |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name JAMES M. SCOTT | | Director Name SUSAN M. SCOTT | | |
| Street Address 45 TANNER HILL ROAD | | Street Address 45 TANNER HILL ROAD | | |
| City NEW PRESTON | State CT | Zip 06777 | City NEW PRESTON | State CT |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED | | | | |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. 5,000 | | Number of Shares 200 | Class/Series A/COMMON | Par Value 1,000.00 |

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.

File Date 1-14-09
Check No. 72858
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature Fay B. Platt Date 01/08/09
Print or Type Name FAY B. PLATT
CORPORATE SECRETARY
Title