



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. 1193		2. Name of Corporation AQUA ENTERPRISES, INC.			
3. Street Address Principal Business Office 1140 Charles Street			City No. Providence	State RI	Zip 02904
4. Business Phone No. (401) 724-4210		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island OWNING - LEASING REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT SILVESTRI			Vice President Name SUE SILVESTRI		
Street Address 40 Gillen Avenue			Street Address 40 Gillen Avenue		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
Secretary Name ROBERT SILVESTRI			Treasurer Name SUE SILVESTRI		
Street Address 40 Gillen Avenue			Street Address 40 Gillen Avenue		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT SILVESTRI			Director Name SUE SILVESTRI		
Street Address 40 Gillen Avenue			Street Address 40 Gillen Avenue		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 100 NO PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value NONE

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 1/16/09
Check No. 26478
By: MNC
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.

Robert Silvestri
Signature Date

Robert Silvestri

Print or Type Name

President

Title