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.	2. Name of Corporation
11853	MODERN SWIMMING POOL SUPPLY CO., INC.

3. Street Address Principal Business Office	City	State	Zip
1140 Charles Street	North Providence	RI	02904

4. Business Phone No.	5. State of Incorporation
(401) 724-4210	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island

Sale of swimming pools and supplies

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

President Name			Vice President Name		
ROBERT SILVESTRI			SUE SILVESTRI		
Street Address			Street Address		
40 Gillen Avenue			40 Gillen Avenue		
City	State	Zip	City	State	Zip
No. Providence	RI	02904	No. Providence	RI	02904
Secretary Name			Treasurer Name		
SUE SILVESTRI			ROBERT SILVESTRI		
Street Address			Street Address		
40 Gillen Avenue			40 Gillen Avenue		
City	State	Zip	City	State	Zip
No. Providence	RI	02904	No. Providence	RI	02904

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

Director Name			Director Name		
ROBERT SILVESTRI			SUE SILVESTRI		
Street Address			Street Address		
40 Gillen Avenue			40 Gillen Avenue		
City	State	Zip	City	State	Zip
No. Providence	RI	02904	No. Providence	RI	02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

600 COMMON NO PAR VALUE

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	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. 26477

By: MMC

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

Form 630 Rev. 08/08