

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.

law (R.I.G.L. 7-1.2-1501(co	&d)) is subject to a per	alty fee of \$25.00.		V (- ) V	•					
1. Corporate ID No. 145772		2. Name of Corporation WATER TREATMENT SOLUTIONS, INC.								
3. Street Address Principal Bu 56 Boylston Street	siness Office		Сну Warwick	State RI	<sup>Zip</sup> 02889					
4. Business Phone No.		5. State of Incorporation RHODE ISLAN								
6. Brief Description of the Cha INSTALLATION, SAL			SYSTEMS AND PARTS.							
7: NAMES AND ADDRI President Name  James M. Maccaron	and a supplementary of the sup	ERS: ("X" BOX FOR AT	TACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  None							
Street Address 56 Boylston Street	16		None Street Address							
City Warwick	State RI	<sup>Zip</sup> 02889	City	State	Zip					
Secretary Name James M. Maccaror	ne		Treasurer Name Robert E. Blanchard							
Street Address As above			Street Address 46 Peck Hill Road							
City	State	Ζίρ	<i>сиу</i> Scituate	State RI	7:ip 02857					
8. NAMES AND ADDRI Director Name None	SSES OF THE DIREC	CTORS: ("X" BOX FOR A	(TTACHMENT) THEE II	n spaces before using	ATTACHMENTS					
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Director Name		······································	Director Name							
Street Address			Street Address							
City	State	Zψ	Сиу	State	Zip					
9. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR A	(TTACHMENT)	The Control of the Associated Control of the Contro	C"X" BOX FOR ATTACH CTION MUST BE COMPLETED	(MENT)					
Number of Shares	Class/Series	Pur Value	Number of Shares	Class/Series	Par Value					
600	COMMON	NO PAR VALUE	100	COMMON	NO PAR VALUE					
					Table 100 in					

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.

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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.
1X/1/109
Signature Date
James M. Maccarone
Print or Type Name
President
Title