



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 2011

**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. <b>84741</b>		2. Name of Corporation <b>Atlantic Swimming Pool Filling Service, Inc.</b>			
3. Street Address Principal Business Office <b>2201 CHESTNUT STREET</b>			City <b>NORTH DIGHTON</b>	State <b>MA</b>	Zip <b>02764</b>
4. Business Phone No. <b>5082529300</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>THE FILLING AND MAINTENANCE OF SWIMMING POOLS</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Caine Kang C. Yu, PhD</b>			Vice President Name		
Street Address <b>2201 Chestnut Street</b>			Street Address		
City <b>North Dighton</b>	State <b>MA</b>	Zip <b>02764</b>	City	State	Zip
Secretary Name <b>Abel Mariano</b>			Treasurer Name <b>Abel Mariano</b>		
Street Address <b>2201 Chestnut Street</b>			Street Address <b>2201 Chestnut Street</b>		
City <b>NORTH DIGHTON</b>	State <b>MA</b>	Zip <b>02764</b>	City <b>NORTH DIGHTON</b>	State <b>MA</b>	Zip <b>02764</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Abel Mariano</b>			Director Name		
Street Address <b>2201 Chestnut Street</b>			Street Address		
City <b>NORTH DIGHTON</b>	State <b>MA</b>	Zip <b>02764</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		
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 <b>100</b>	Class/Series <b>Common</b>	Par Value <b>No Par</b>

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.

<b>FILED</b>	
File Date	<b>APR 01 2011</b>
Check No.	<b>4732</b>
By	<b>BY</b>
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 Abel Mariano Date 4-24-2011  
Abel Mariano  
Print or Type Name  
Secretary  
Title