



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 690455		2. Exact name of the Corporation Bel-Aqua Pool Supply, Inc.			
3. Principal office address 20 Commerce Drive		City New Rochelle	State N.Y.	Zip 10801	
4. Business Phone No. 914 235 2200		5. State of Incorporation New York			
6. Brief description of the character of business conducted in Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Martin Silver			Vice-President Name Susan Wisan		
Street Address 39 Country Ridge Rd.			Street Address 11 Longledge Rd.		
City Scarsdale	State N.Y.	Zip 10583	City RyeBrook	State N.Y.	Zip 10573
Secretary Name Susan Wisan			Treasurer Name Martin Silver		
Street Address 11 Longledge Rd.			Street Address 39 Country Ridge Rd.		
City Rye Brook	State N.Y.	Zip 10573	City Scarsdale	State N.Y.	Zip 10583
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CNP	\$10,000

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 _____

Check No _____

By: _____

FILED

JAN 24 2013

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

Martin Silver 1/18/13
Signature of Authorized Representative Date

MARTIN SILVER
Print or Type Name of Authorized Representative

By *[Signature]*
Ch # 016932