



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.<br><b>251038</b>   |                    | 2. Exact name of the Corporation<br><b>CAROLYN POOLS, INC.</b> |  |                    |                     |
| 3. Principal office address<br><b>152 ROCKWELL ROAD</b>   |                    |  | City<br><b>NEWINGTON</b>   | State<br><b>CT</b> | Zip<br><b>06111</b> |
| 4. Business Phone No.<br><b>860-665-0063</b>  |                    |  | 5. State of Incorporation<br><b>CONNECTICUT</b>  |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>ALL PHASES OF SALES, INSTALLATION &amp; MAINTAINANCE TO IN-GROUND AND ABOVE-GROUND SWIMMING POOLS</b> |                    |  |  |                    |                     |
| <b>SHAREHOLDERS (NAME AND ADDRESS) (X) (Y) (Z) (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)</b>                              |                    |  |  |                    |                     |
| President Name<br><b>PATRICK STOTO</b>  |                    |  | Vice-President Name  |                    |                     |
| Street Address<br><b>134 CHALKER BEACH ROAD</b>   |                    |  | Street Address   |                    |                     |
| City<br><b>OLD SAYBROOK</b>   | State<br><b>CT</b> | Zip<br><b>06475</b>  | City   | State              | Zip                 |
| Secretary Name<br><b>CAROLYN STOTO</b>  |                    |  | Treasurer Name<br><b>CAROLYN STOTO</b>   |                    |                     |
| Street Address<br><b>134 CHALKER BEACH ROAD</b>   |                    |  | Street Address<br><b>134 CHALKER BEACH ROAD</b>  |                    |                     |
| City<br><b>OLD SAYBROOK</b>   | State<br><b>CT</b> | Zip<br><b>06475</b>  | City<br><b>OLD SAYBROOK</b>  | State<br><b>CT</b> | Zip<br><b>06475</b> |
| <b>DIRECTORS (NAME AND ADDRESS) (X) (Y) (Z) (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)</b>                                 |                    |  |  |                    |                     |
| Director Name<br><b>NONE</b>  |                    |  | 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                 |
| <b>SHARES AUTHORIZED</b>  |                    |  | <b>SHARES ISSUED (X) (Y) (Z) (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)</b> |                    |                     |
| 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           |
|   |                    |  | 0  | STOCK              | 0                   |

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.



**FILED**

**JUL 08 2013**

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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.

*Carolyn Stoto*

**7-6-13**

Signature of Authorized Representative

Date

**CAROLYN STOTO**

Print or Type Name of Authorized Representative