



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 2014

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. 48164		2. Exact name of the Corporation NIAGARA POOL FILLING COMPANY, INC.					
3. Principal office address Pole 173, Danielson Pike				City Foster	State RI	Zip 02825	
4. Business Phone No. 401-467-7640				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island transportation of water for filling swimming pools							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name James L. Mosher				Vice-President Name n/a			
Street Address 173 Danielson Pike				Street Address			
City Foster	State RI	Zip 02825	City		State	Zip	
Secretary Name James L. Mosher				Treasurer Name James L. Mosher			
Street Address same as above				Street Address same as above			
City	State	Zip	City		State	Zip	
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	
				600	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 _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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.

James L. Mosher 12/24/13
 Signature of Authorized Representative Date
James L. Mosher, President
 Print or Type Name of Authorized Representative