



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 2015

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. 788456		2. Exact name of the Corporation WEST BAY SWIMMING POOLS, INC.			
3. Principal office address 70 Olde Mill Lane		City N Kingstown	State RI	Zip 02852	
4. Business Phone No. 401-886-4336		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Inground swimming pool repairs and service					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steven Parfitt			Vice-President Name Steven P Parfitt, Jr		
Street Address 70 Olde Mill Lane			Street Address 70 Olde Mill Lane		
City N Kingstown	State RI	Zip 02852	City N Kingstown	State RI	Zip 02852
Secretary Name Steven P Parfitt, Jr			Treasurer Name Steven Parfitt		
Street Address 70 Olde Mill Lane			Street Address 70 Olde Mill Lane		
City N Kingstown	State RI	Zip 02852	City N Kingstown	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
			1000	COMMON	NO PAR

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

JAN 22 2015

BY 1277

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.

Steven Parfitt 1/19/15
 Signature of Authorized Representative Date

Steven Parfitt
 Print or Type Name of Authorized Representative