



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 2016

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. 486163 | | 2. Exact name of the Corporation Custom Quality Pools, Inc. | | | |
| 3. Principal office address 16 Wyman Road | | City Billerica | State MA | Zip 01821 | |
| 4. Business Phone No. (978) 663-8290 | | 5. State of Incorporation Massachusetts | | | |
| 6. Brief description of the character of business conducted in Rhode Island Installation of in-ground swimming pools | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Robert A. Bent | | | Vice-President Name None | | |
| Street Address 16 Wyman Road | | | Street Address | | |
| City Billerica | State MA | Zip 01821 | City | State | Zip |
| Secretary Name Robert A. Bent | | | Treasurer Name Robert A. Bent | | |
| Street Address 16 Wyman Road | | | Street Address 16 Wyman Road | | |
| City Billerica | State | Zip 01821 | City Billerica | State MA | Zip 01821 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Robert A. Bent | | | Director Name | | |
| Street Address 16 Wyman Road | | | Street Address | | |
| City Billerica | State MA | Zip 01821 | 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 |
| | | | 12,500 | Common | No par value |

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

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.

FILED

Signature of Authorized Representative

Date

JAN 29 2016

Robert A. Bent, President

Print or Type Name of Authorized Representative