



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. 122195		2. Exact name of the Corporation AquaMotion, Inc.			
3. Principal office address 88C Jefferson Boulevard		City Warwick		State RI	Zip 02888
4. Business Phone No. 401-785-3000		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO DEVELOP AND MANUFACTURE PRODUCTS FOR THE HOUSING INDUSTRY.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Hans L. Kuster			Vice-President Name Heidi Holland		
Street Address 35 Nayatt Road			Street Address 140 Gideon Lawton Drive		
City Barrington	State RI	Zip 02806	City Portsmouth	State RI	Zip 02871
Secretary Name Hans L. Kuster			Treasurer Name Hans L. Kuster		
Street Address 35 Nayatt Road			Street Address 35 Nayatt Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			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	Common	\$.01 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 11/2/18

Check No. 11218

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 19 2016

BY Ch 268022

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.

Signature of Authorized Representative

Date

Hans L. Kuster, President

Print or Type Name of Authorized Representative