



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. 84741		2. Exact name of the Corporation Atlantic Swimming Pool Filling Service, Inc.	
3. Principal office address 2205 CHESTNUT STREET		City NORTH DIGHTON	State MA
		Zip 02764	
4. Business Phone No. 5082529300		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island THE FILLING AND MAINTENANCE OF SWIMMING POOLS			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Caine Kang C. Yu, PhD		Vice-President Name	
Street Address 2205 CHESTNUT STREET		Street Address	
City NORTH DIGHTON	State MA	Zip 02764	
Secretary Name Abel Mariano		Treasurer Name Abel Mariano	
Street Address 2205 CHESTNUT STREET		Street Address 2205 CHESTNUT STREET	
City NORTH DIGHTON	State MA	Zip 02764	
City NORTH DIGHTON		State MA	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Abel Mariano		Director Name	
Street Address 2205 CHESTNUT STREET		Street Address	
City NORTH DIGHTON	State MA	Zip 02764	
City NORTH DIGHTON		State MA	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
City		State	
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	No Par

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SECRETARY OF STATE
CORPORATIONS DIV
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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

FEB 26 2016

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

Abel Mariano

Print or Type Name of Authorized Representative

Date

2-12-16

By AL 268 773