



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2016  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number <b>00508000</b>		2. Exact name of the Corporation <b>THE MERMAID'S POOL INC.</b>			
3. Principal Office Address <b>1 WEST MAIN ST.</b>			City <b>WICKFORD</b>	State <b>RI</b>	Zip <b>02852</b>
4. Business Phone Number <b>401-268-3899</b>			5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>RETAIL STORE</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ELIZABETH SHRIVER</b>			Vice-President Name		
Street Address <b>264 PROSPECT AVE.</b>			Street Address		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>STK</b>	PAR VALUE <b>.01</b>
11. 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. <i>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.</i>					
Name of Authorized Representative <b>ELIZABETH SHRIVER</b>				Date <b>7/29/16</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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**FILED**

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By 282304