



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

Annual Report for the year: **2017**

Corporation _____

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

1. Entity ID Number 891175		2. Exact name of the Corporation Niagara Pool Filling Company, Inc.			
3. Principal Office Address 17 Reservoir Road		City Coventry		State RI	Zip 02816
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Transportation of water for filling swimming pools.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Baird		Vice-President Name Michael Baird			
Street Address 17 Reservoir Road		Street Address 17 Reservoir Road			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Michael Baird		Treasurer Name Michael Baird			
Street Address 17 Reservoir Road		Street Address 17 Reservoir Road			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Baird		Director Name			
Street Address 17 Reservoir Road		Street Address			
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	None	
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 Michael Baird, President					Date 2/7/17
Signature of Authorized Representative 					

FILED
SIGN DOCUMENT HERE

FEB 15 2017

BY 1098 DS

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov