



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000298836

2. Name of Corporation BRANCH VILLAGE POOL & SPA NEEDS, INC

3. Street Address Principal Business Office:

No. and Street: 643 GREAT ROAD
City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

4. Business Phone No.

401-765-1293

5. State of Incorporation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 44-45

6. Brief Description of the Character of Business Conducted in Rhode Island

RETAIL SALE OF POOL & SPA SUPPLIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL PESTANA	188 DOUGLAS PIKE NORTH SMITHFIELD, RI 02896 USA
TREASURER	MICHAEL PESTANA	188 DOUGLAS PIKE

		NORTH SMITHFIELD, RI 02896 USA
SECRETARY	LISA PESTANA	188 DOUGLAS PIKE NORTH SMITHFIELD, RI 02896 USA
VICE PRESIDENT	LISA PESTANA	188 DOUGLAS PIKE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MICHAEL PESTANA	188 DOUGLAS PIKE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	LISA PESTANA	188 DOUGLAS PIKE NORTH SMITHFIELD, RI 02896 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0100	1,000.00	200

9. 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.

Signed this 21 Day of February, 2017 at 1:53:05 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROBERT CHAMBERLAND
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations
All Rights Reserved