RI SOS Filing Number: 201738194850 Date: 3/17/2017 4:00:00 PM

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.

STAMP FOR

1. Entity ID Number	2. Exact name of the Corporation
145772	WATER TREATMENT SOLUTIONS, INC.

3. Principal Office Address	City	State	Zip
2225 Plainfield Pike	Johnston	RI	02919

4. Business Phone Number	5. State of Incorporation
	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
INSTALLATION, SALES AND SERVICE OF WATER TREATMENT SYSTEMS AND PARTS

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: James M. Maccarone	Vice-President Name: None
Street Address: ~~56 Boylston Street~~ 66 Ginger Trl	Street Address:
City: ~~Warwick~~ Coventry; State: RI; Zip: ~~02889~~ 02816	City; State; Zip
Secretary Name: James M. Maccarone	Treasurer Name: James M. Maccarone
Street Address: As above	Street Address: As above
City; State; Zip	City; State; Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	COMMON	NO PAR VALUE
Changes require an additional filing.			

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.

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.

Name of Authorized Representative	Date
James M. Maccarone	3/6/17

Signature of Authorized Representative
SIGN DOCUMENT HERE

FILED 02
MAR 17 2017
BY 4729

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

FORM 630 - Revised: 05/2016