



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 <b>58521</b>		2. Exact name of the Corporation <b>Pools Plus, Inc.</b>												
3. Principal Office Address <b>2654 Hartford Avenue</b>		City <b>Johnston</b>		State <b>RI</b>	Zip <b>02919</b>									
4. NAICS Code <b>44-45 - Retail Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>Sales and service of pools, spas and hot tubs</b>													
5. State of Incorporation <b>Rhode Island</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>Wayne Martin</b>		Vice-President Name												
Street Address <b>32 Ramble Road</b>		Street Address												
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</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		Director Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td><b>600</b></td><td><b>Common</b></td><td><b>No Par</b></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>600</b>	<b>Common</b>	<b>No Par</b>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
<b>600</b>	<b>Common</b>	<b>No Par</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. <b>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.</b>														
Name of Authorized Representative <b>Wayne Martin</b>				Date										
Signature of Authorized Representative 				<b>FILED</b> <b>MAR 27 2017</b> 										

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

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