



FORM 630 - Revised: 05/2016

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the 2017 year BY APR 300163

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

9:55
FILED

APR 05 2017

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APR 300163
9:

1. Entity ID Number 130340		2. Exact name of the Corporation Millennium Swim Systems Inc.			
3. Principal Office Address 90 Douglas Pike Suite 1			City Smithfield	State RI	Zip 02877
4. Business Phone Number (401) 231-3906			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Pool Installations and Service					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Robert Varr			Vice-President Name Nicholas Rodrigues		
Street Address 83 Windmill Street			Street Address 2 Kimberly Court		
City Pawtucket	State RI	Zip 02860	City North Providence	State RI	Zip 02911
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
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		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000.00	STK	0.00

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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.

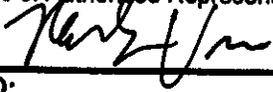
Name of Authorized Representative

Robert Varr

Date

2/28/17

Signature of Authorized Representative



MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov