



FORM 630 - Revised: 05/2016

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Report for the** 2016 **year:**  
**Corporation**

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

9:54  
**FILED**  
APR 05 2017  
BY JPB 300163

1. Entity ID Number <u>130340</u>		2. Exact name of the Corporation <u>Millennium Swim Systems Inc.</u>				
3. Principal Office Address <u>90 Douglas Pike Suite 1</u>			City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	
4. Business Phone Number <u>(401) 231-3906</u>		5. State of Incorporation <u>Rhode Island</u>				
6. Brief description of the character of business conducted in Rhode Island <u>Pool Installations and Service</u>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>Robert Varr</u>		Vice-President Name <u>Nicholas Rodrigues</u>				
Street Address <u>83 Windmill Street</u>		Street Address <u>2 Kimberly Court</u>				
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>North Providence</u>	State <u>RI</u>	Zip <u>02911</u>	
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 <input type="checkbox"/>	
Director Name		Director Name				
Street Address		Street Address				
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		<u>1000 00</u>		<u>STK</u>		<u>0.00</u>

2017 APR 05 AM 9:53  
 R.I. DEPT. OF STATE  
 BUSINESS DIV.

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.*

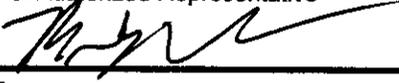
Name of Authorized Representative

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](http://www.sos.ri.gov)

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