



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2016

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2017 JUN 9 P.M. 12:18

1. Entity ID Number <b>000837676</b>		2. Exact name of the Corporation <b>AQUA POOL &amp; PATIO, INC.</b>			
3. Principal Office Address <b>53 NEWBERRY ROAD</b>			City <b>EAST WINDSOR</b>	State <b>CT</b>	Zip <b>06088</b>
4. NAICS Code <b>23 - Construction</b>		6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION OF IN GROUND GUNITE SWIMMING POOLS</b>			
5. State of Incorporation <b>CT</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>RONALD GIANNAMORE</b>			Vice-President Name <b>MICHAEL GIANNAMORE</b>		
Street Address <b>18 EAST SHORE DRIVE</b>			Street Address <b>852 MAIN STREET</b>		
City <b>NIANTIC</b>	State <b>CT</b>	Zip <b>06357</b>	City <b>SOUTH WINDSOR</b>	State <b>CT</b>	Zip <b>06074</b>
Secretary Name <b>DEBRA MADDEN</b>			Treasurer Name <b>MARY BETH CHINSKY</b>		
Street Address <b>1067 MAIN STREET</b>			Street Address <b>15 SUNRISE LANE</b>		
City <b>SOUTH WINDSOR</b>	State <b>CT</b>	Zip <b>06074</b>	City <b>SOUTH WINDSOR</b>	State <b>CT</b>	Zip <b>06074</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SABINE GIANNAMORE</b>			Director Name <b>JACK CHINSKY</b>		
Street Address <b>852 MAIN STREET</b>			Street Address <b>15 SUNRISE LANE</b>		
City <b>SOUTH WINDSOR</b>	State <b>CT</b>	Zip <b>06074</b>	City <b>SOUTH WINDSOR</b>	State <b>CT</b>	Zip <b>06074</b>
Director Name <b>KEITH MADDEN</b>			Director Name		
Street Address <b>1067 MAIN STREET</b>			Street Address		
City <b>SOUTH WINDSOR</b>	State <b>CT</b>	Zip <b>06074</b>	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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		
			CWP		
			1.00		
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 <b>Blaine Griscl</b> Controller					Date <b>06/07/2017</b>
Signature of Authorized Representative <b>B. Griscl</b>					<b>FILED</b>

JUN 09 2017

BY **CM 305684** 12:19