



State of Rhode Island and Providence Plantings

Department of State - Business Services Division

Annual Report for the year:
Corporation2018

→ 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 <u>116219</u>		2. Exact name of the Corporation <u>South County Pool Service, Inc</u>			
3. Principal Office Address <u>49 Whipple Drive</u>		City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	
4. NAICS Code <u>423910</u>		5. Brief description of the character of business conducted in Rhode Island <u>swimming pool and equipment sales</u>			
5. State of incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Michael Monteforte</u>			Vice-President Name <u>None</u>		
Street Address <u>49 Whipple Dr</u>			Street Address		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>None</u>		
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 <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>None</u>			Director Name <u>None</u>		
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 Check the box to indicate an attachment ☐		
			NUMBER OF SHARES <u>200</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>No Par Value</u>
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 <u>Michael Monteforte</u>				Date <u>1-20-18</u>	
Signature of Authorized Representative <u>Michael Monteforte</u>				SIGN DOCUMENT HERE FILED	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Web site: www.sos.ri.gov

JAN 22 2018

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FORM 630 - Revised: 10/2017