RI SOS Filing Number: 201858889650 Date: 2/20/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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	2. Exact name of the Corporation		
251038	CAROLYN POOLS, INC.		
3. Principal Office Address	City	State	Zip
152 ROCKWELL ROAD	NEWINGTON	CT	06111
4. NAICS Code: 238990	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation: CT	ALL PHASES OF SALES, INSTALLATION AND MAINTENANCE OF IN-GROUD & ABOVE-GROUND SWIMMING POOLS.		

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: CAROLYN STOTO			Vice-President Name: RICHARD E AMENTA		
Street Address: 2 HALLS ROAD			Street Address: 2 HALLS ROAD		
City: WESTBROOK	State: CT	Zip: 06498	City: WESTBROOK	State: CT	Zip: 06498
Secretary Name: JOHN ZACZYK			Treasurer Name: CAROLYN STOTO		
Street Address: 162 MARKET STREET			Street Address: 2 HALLS ROAD		
City: NEW BRITAIN	State: CT	Zip: 06052	City: WESTBROOK	State: CT	Zip: 06498

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0	STOCK	0

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	Date
CAROLYN STOTO	2-15-18

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED
FEB 20 2018
BY 3577

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017