



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 251038 | | 2. Exact name of the Corporation CAROLYN POOLS, INC. | | | |
| 3. Principal Office Address 152 ROCKWELL ROAD | | City NEWINGTON | | State CT | Zip 06111 |
| 4. NAICS Code 238990 | | 6. Brief description of the character of business conducted in Rhode Island ALL PHASES OF SALES, INSTALLATION AND MAINTENANCE OF IN-GROUD & ABOVE-GROUND SWIMMING POOLS. | | | |
| 5. State of Incorporation CT | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| This information is currently of record in the Department of State. | | | | | |
| Changes require an additional filing. | | | | | |
| NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE | |
| 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 CAROLYN STOTO | | | | | Date 2-15-18 |
| Signature of Authorized Representative <i>Carolyn Stoto</i> | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED
FEB 20 2018

BY

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FORM 630 - Revised: 10/2017