



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 84741		2. Exact name of the Corporation Atlantic Swimming Pool Filling Service, Inc.			
3. Principal Office Address 2205 CHESTNUT STREET			City NORTH DIGHTON	State MA	Zip 02764
4. NAICS Code 713940		6. Brief description of the character of business conducted in Rhode Island THE FILLING AND MAINTENANCE OF SWIMMING POOLS			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Caine Kang C. Yu, PhD.			Vice-President Name		
Street Address 2205 CHESTNUT STREET			Street Address		
City NORTH DIGHTON	State MA	Zip 02764	City	State	Zip
Secretary Name Abel Mariano			Treasurer Name Abel Mariano		
Street Address 2205 CHESTNUT STREET			Street Address 2205 CHESTNUT STREET		
City NORTH DIGHTON	State MA	Zip 02764	City NORTH DIGHTON	State MA	Zip 02764
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Abel Mariano			Director Name		
Street Address 2205 CHESTNUT STREET			Street Address		
City NORTH DIGHTON	State	Zip	City	State	Zip
Director Name			Director Name		
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
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 Abel Mariano					Date 2-15-18
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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

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