



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

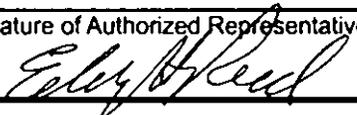
Annual Report for the year: 2018
Corporation

FILED

MAR 26 2018

BY 2919

- 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 000145921		2. Exact name of the Corporation OASIS POOLS, LTD.			
3. Principal Office Address 220 SHARPS LOT ROAD			City SWANSEA	State MA	Zip 02777
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ALL PHASES OF THE SALE, INSTALLATION AND SERVICES OF INGROUND AND ABOVE GROUND POOLS			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDDY REED			Vice-President Name N/A		
Street Address 220 SHARPS LOT ROAD			Street Address		
City SWANSEA	State MA	Zip 02777	City	State	Zip
Secretary Name EDDY REED			Treasurer Name EDDY REED		
Street Address 220 SHARPS LOT ROAD			Street Address 220 SHARPS LOT ROAD		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name EDDY REED			Director Name N/A		
Street Address 220 SHARPS LOT ROAD			Street Address		
City SWANSEA	State MA	Zip 02777	City	State	Zip
Director Name N/A			Director Name N/A		
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
			100		COMMON
					PAR VALUE
					NO PAR VALUE
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. <i>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.</i>					
Name of Authorized Representative EDDY REED					Date 3/18/2018
Signature of Authorized Representative 			SIGN DOCUMENT HERE		