



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

**Annual Report for the year: 2019**  
**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 <b>84741</b>		2. Exact name of the Corporation <b>Atlantic Swimming Pool Filling Service, Inc.</b>	
3. Principal Office Address <b>2205 CHESTNUT STREET</b>		City <b>NORTH DIGHTON</b>	State <b>MA</b>
		Zip <b>02764</b>	
4. NAICS Code <b>713940</b>	6. Brief description of the character of business conducted in Rhode Island <b>THE FILLING AND MAINTENANCE OF SWIMMING POOLS</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Caine Kang C. Yu, PhD.</b>		Vice-President Name	
Street Address <b>2205 CHESTNUT STREET</b>		Street Address	
City <b>NORTH DIGHTON</b>	State <b>MA</b>	Zip <b>02764</b>	
Secretary Name <b>Abel Mariano</b>		Treasurer Name <b>Abel Mariano</b>	
Street Address <b>2205 CHESTNUT STREET</b>		Street Address <b>2205 CHESTNUT STREET</b>	
City <b>NORTH DIGHTON</b>	State <b>MA</b>	Zip <b>02764</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Abel Mariano</b>		Director Name	
Street Address <b>2205 CHESTNUT STREET</b>		Street Address	
City <b>NORTH DIGHTON</b>	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>100</b>	<b>Common</b>
			<b>No Par</b>
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. <b>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.</b>			
Name of Authorized Representative <b>Abel Mariano</b>		Date	
Signature of Authorized Representative 		SIGN DOCUMENT HERE <b>FILED</b>	

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

JAN 29 2019  
5280