



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 486163		2. Exact name of the Corporation Custom Quality Pools, Inc.			
3. Principal Office Address 16 Wyman Road			City Billerica	State MA	Zip 01821
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Installation of in-ground swimming pools			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Bent			Vice-President Name None		
Street Address 16 Wyman Road			Street Address		
City Billerica	State MA	Zip 01821	City	State	Zip
Secretary Name Robert Bent			Treasurer Name Robert Bent		
Street Address 16 Wyman Road			Street Address 16 Wyman Road		
City Billerica	State MA	Zip 01821	City Billerica	State MA	Zip 01821
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Bent			Director Name		
Street Address 16 Wyman Road			Street Address		
City Billerica	State MA	Zip 01821	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
		12,500		Common	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.					
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 Robert Bent, President					Date 1-17-19
Signature of Authorized Representative SIGN DOCUMENT HERE					FILED

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 28 2019

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By: **5491 DS**
 FORM 650 - Revised 10/2017