



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.

STAMP

STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

1. Entity ID Number <u>116219</u>		2. Exact name of the Corporation <u>South County Pool Services Inc</u>			
3. Principal Office Address <u>49 Whipple Drive</u>			City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>
4. NAICS Code <u>811490</u>		6. Brief description of the character of business conducted in Rhode Island <u>Domestic Profit Corp</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Michael Monteforte</u>			Vice-President Name <u>None</u>		
Street Address <u>49 Whipple Dr</u>			Street Address		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City	State	Zip
Secretary Name <u>None</u>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>None</u>			Director Name <u>None</u>		
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 <u>200</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>No Par Value</u>
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 <u>Michael Monteforte</u>				Date <u>2-9-2019</u>	
Signature of Authorized Representative <u>[Signature]</u>				SIGN DOCUMENT HERE FILED	