



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

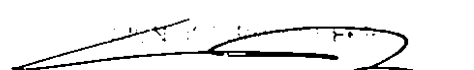
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 MAR 11 PM 4:15

1. Entity ID Number <u>000 676 P82</u>		2. Exact name of the Corporation <u>ENVIRONMENTAL POOLS Incorporated</u>	
3. Principal Office Address <u>1842 RIVERNECK RD.</u>		City <u>CHILMSFORD</u>	State <u>MA</u>
4. NAICS Code <u>238990</u>		6. Brief description of the character of business conducted in Rhode Island <u>POOL CONSTRUCTION + SERVICE</u>	
5. State of Incorporation <u>MA</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>O. ANDREW EVERLEIGH</u>		Vice-President Name <u>ANDREW EVERLEIGH</u>	
Street Address <u>P ARTHUR AVE</u>		Street Address <u>P ARTHUR AVE</u>	
City <u>CHILMSFORD</u>	State <u>MA</u>	City <u>CHILMSFORD</u>	State <u>MA</u>
Zip <u>01924</u>		Zip <u>01924</u>	
Secretary Name <u>WILL J. EVERLEIGH</u>		Treasurer Name <u>O. ANDREW EVERLEIGH</u>	
Street Address <u>P ARTHUR AVE</u>		Street Address <u>P ARTHUR AVE</u>	
City <u>CHILMSFORD</u>	State <u>MA</u>	City <u>CHILMSFORD</u>	State <u>MA</u>
Zip <u>01924</u>		Zip <u>01924</u>	
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	City	State
Zip		Zip	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		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>100</u>	CLASS/SERIES <u>NONE</u>
			PAR VALUE <u>0</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>ANDREW EVERLEIGH</u>		Date <u>3-6-19</u>	
Signature of Authorized Representative 			

FILED

MAR 11 2019

BY XLTJB pm.
A.A. 4:14 pm

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 830 - Revised: 10/2017