



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2014

## 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>OTHELMSFORD</u>	State <u>MA</u>	Zip <u>01824</u>
4. NAICS Code <u>338990</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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>ANDREW EVERLEIGH</u>			Vice-President Name <u>ANDREW EVERLEIGH</u>		
Street Address <u>8 ARTHUR AVE</u>			Street Address <u>8 ARTHUR AVE</u>		
City <u>OTHELMSFORD</u>	State <u>MA</u>	Zip <u>01824</u>	City <u>OTHELMSFORD</u>	State <u>MA</u>	Zip <u>01824</u>
Secretary Name <u>WILL J. EVERLEIGH</u>			Treasurer Name <u>C. ANDREW EVERLEIGH</u>		
Street Address <u>8 ARTHUR AVE</u>			Street Address <u>8 ARTHUR AVE</u>		
City <u>OTHELMSFORD</u>	State <u>MA</u>	Zip <u>01824</u>	City <u>OTHELMSFORD</u>	State <u>MA</u>	Zip <u>01824</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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			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		
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. <u>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.</u>					
Name of Authorized Representative <u>ANDREW EVERLEIGH</u>					Date <u>3-6-19</u>
Signature of Authorized Representative <u>FILED</u>					

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

MAR 11 2019  
BY X6J3B A.A. 4:17pm.