RI SOS Filing Number: 201988479220 Date: 3/11/2019 4:17:00 PM

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Annual Report for the year:			2019 MAD			
Corporation ————————————————————————————————————			2019 MAR 11 PM 4: 15			
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00					7 4. /	5
→ Penalty: Additional \$25.00 for	ee if form is not	filed by April 1.				
I. Entity ID Number	2. Exact name of the Corporation ENVIRONMENTAL POOLS INCORPORATED.					
000 676 882	ENVIR	ONMENTA	- TOOLS	5 /NCOU	DUGOU	
3. Principal Office Address	_	i	City	_	State	Zip
184R RIVERNEC	K Ro・ 6. Brief description of the characte		OHELMS		m A	01824
I. NAICS Code	· ·					
138990	POOL	CONSTRUCT	700 4	0921 RE	•	
5. State of Incorporation						
MA	<u> </u>					
7. List ALL officers (names and add	dresses)		Vice-President Na		the box to indic	ate an attachment L
President Name ANDLEW EVERLEIGH			ANDLEW EVERLEIGH			
Street Address			Street Address			
BARTHUR AVE	State 7m		PHITHUR PVE			
OH21 MSFORD	mA	101824	OHELMS	F020	n A	2101824
Secretary Name 1, LL F. EVERLEIGH			Treasurer Name C. ANDREW EVERLEIGH			
Street Address	VELLEIGH	<u> </u>	Street Address	EVER.	LYIOM	
8 ARTHUR I	AUE			THUR BU	٤	
OHE LINSFORD	State M A	Zip 0/824	City CHE L MS	3500	State M A	2ip 01824
ist ALL directors (names and addresses)		1 2,	Check the box to indicate an attachment			
Director Name			Director Name			
Street Address			Street Address	ひと		
50000 Agg1035						
City	State	Zıp	City		State	Zip
Director Name	<u>.l</u>		Director Name			
NONE			NONC			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9. Shares Authorized	<u></u>	10. Shares Issu		Check	the box to indic	cate an attachment [
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIE		
•		jOδ		NONE	NONE &	
	J.					
Changes require an additional filing				ntative. If the corpo	pration is in the	hands of a receiver
	on behalf of the c	orporation by an a	Jinonzea represei			
11. This report must be executed of trustee, this report must be executed	ted on behalf of the	he corporation by t	ne receiver or trus	stee.		
11. This report must be executed of trustee, this report must be executed the trustee of the trustee. The trustee of the trust	ted on behalf of the are and affirm th	he corporation by to at I have examine	ne receiver or trus d this report, inc	stee. cluding any accor	npanying sche	edules and
11. This report must be executed of trustee, this report must be executed for the trustee, this report must be executed. Under penalty of perjury, I declar statements, and that all statements.	ted on behalf of the are and affirm the ants contained h	he corporation by to at I have examine	ne receiver or trus d this report, inc	stee. Sluding any accor	Date	
11. This report must be executed of trustee, this report must be executed. Under penalty of perjury, I declar statements, and that all statements.	ted on behalf of t are and affirm th ants contained h ve	he corporation by to at I have examine	ne receiver or trus d this report, inc	stee. cluding any accor		
11. This report must be executed of trustee, this report must be executed funder penalty of perjury, I declar statements, and that all statements.	ted on behalf of the are and affirm the ents contained have	he corporation by to at I have examine perein are true and	ne receiver or trus d this report, inc	eluding any accor	Date	

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

BY X 153B A.A. Inpm.

FORM 630 - Revised: 10/2017