



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000525632		2. Exact name of the Corporation AQUATIC BUILDERS, LTD	
3. Principal office address 13 GREEN MOUNTAIN DRIVE		City COHOES	State NY
		Zip 12047	
4. Business Phone No. 518-783-0038		5. State of Incorporation NEW YORK	
		339920	
6. Brief description of the character of business conducted in Rhode Island Design + Build Water Features For Pools Waterparks etc			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name JAMES DUNN		Vice-President Name KENNETH ELLIS (CEO)	
Street Address 13 GREEN MOUNTAIN DRIVE		Street Address 13 GREEN MOUNTAIN DRIVE	
City COHOES	State NY	City COHOES	State NY
Zip 12047		Zip 12047	
Secretary Name JENNA KEARY		Treasurer Name ROBIN CUDDEY	
Street Address 13 GREEN MOUNTAIN DRIVE		Street Address 13 GREEN MOUNTAIN DRIVE	
City COHOES	State NY	City COHOES	State NY
Zip 12047		Zip 12047	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name BRUCE QUAY (COO)		Director Name	
Street Address 13 GREEN MOUNTAIN DRIVE		Street Address	
City COHOES	State NY	City	State
Zip 12047		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		200	CNP
		PAR VALUE	0.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY _____

FILED

APR 12 2019

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A.A. 11:12 A.M.

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.

Robin Cuddey 4/12/19
Signature of Authorized Representative Date

ROBIN CUDDEY

Print or Type Name of Authorized Representative