



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. <b>000525632</b>		2. Exact name of the Corporation <b>AQUATIC BUILDERS, LTD</b>			
3. Principal office address <b>13 GREEN MOUNTAIN DRIVE</b>		City <b>COHOES</b>		State <b>NY</b>	Zip <b>12047</b>
4. Business Phone No. <b>518-783-0038</b>		5. State of Incorporation <b>NEW YORK</b> <b>339920</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Design + Build Water Features For Pools Waterparks etc</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>JAMES DUNN</b>			Vice-President Name <b>KENNETH ELLIS (CEO)</b>		
Street Address <b>13 GREEN MOUNTAIN DRIVE</b>			Street Address <b>13 GREEN MOUNTAIN DRIVE</b>		
City <b>COHOES</b>	State <b>NY</b>	Zip <b>12047</b>	City <b>COHOES</b>	State <b>NY</b>	Zip <b>12047</b>
Secretary Name <b>JENNA KEARY</b>			Treasurer Name <b>ROBIN CUDDEY</b>		
Street Address <b>13 GREEN MOUNTAIN DRIVE</b>			Street Address <b>13 GREEN MOUNTAIN DRIVE</b>		
City <b>COHOES</b>	State <b>NY</b>	Zip <b>12047</b>	City <b>COHOES</b>	State <b>NY</b>	Zip <b>12047</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>BRUCE QUAY (COO)</b>			Director Name		
Street Address <b>13 GREEN MOUNTAIN DRIVE</b>			Street Address		
City <b>COHOES</b>	State <b>NY</b>	Zip <b>12047</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	PAR VALUE
			200	CNP	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 **430H2**

**FILED**

**APR 12 2019**

**430H2**

**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** **04/12/19**  
Signature of Authorized Representative Date

**ROBIN CUDDEY**

Print or Type Name of Authorized Representative