



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 84741		2. Name of Corporation Atlantic Swimming Pool Filling Service, Inc.			
3. Street Address Principal Business Office 2201 Chestnut Street			City North Dighton	State MA	Zip 02764
4. Business Phone No. 4017232060		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island THE FILLING AND MAINTENANCE OF SWIMMING POOLS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Abel Mariano			Vice President Name		
Street Address 2201 Chestnut Street			Street Address		
City North Dighton	State MA	Zip 02764	City	State	Zip
Secretary Name Abel Mariano			Treasurer Name Abel Mariano		
Street Address 2201 Chestnut Street			Street Address 2201 Chestnut Street		
City North Dighton	State MA	Zip 02764	City North Dighton	State MA	Zip 02764
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
2,000 COMM NO PAR VALUE				Number of Shares	Class/Series
				100	Common
					Par Value
					No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 3/3/05  
Check No. 14489  
By: D.  
FOR SECRETARY OF STATE USE ONLY

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.

Abel Mariano 2-28-05  
Signature of Officer Date  
Abel Mariano  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *84741*		2. Name of Corporation Atlantic Swimming Pool Filling Service, Inc.			
3. Street Address Principal Business Office 60 PROGRESS STREET			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 4017232060		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island THE FILLING AND MAINTENANCE OF SWIMMING POOLS.					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Abel Mariano			Vice President Name		
Street Address 60 PROGRESS STREET			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name Abel Mariano			Treasurer Name Abel Mariano		
Street Address 60 PROGRESS STREET			Street Address 60 PROGRESS STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
<b>AUTHORIZED SHARES</b>					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			100	Common	No Par
<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 4 7 4 1 \*

\*84741 DBC1/21/033:01:38 PM\*

File Date 8-31-04

Check No. 6973

By: llp

FOR SECRETARY OF STATE USE ONLY

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.

Abel Mariano 8-30-04  
Signature of Officer Date

Abel Mariano  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *84741*	2. Name of Corporation Atlantic Swimming Pool Filling Service, Inc.			
3. Street Address Principal Business Office 60 PROGRESS STREET		City LINCOLN	State RI	Zip 02865
4. Business Phone No. 4017232060	5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	

7. Brief Description of the Character of Business Conducted in Rhode Island  
THE FILLING AND MAINTENANCE OF SWIMMING POOLS.

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Abel Mariano			Vice President Name		
Street Address 60 PROGRESS STREET			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name Abel Mariano			Treasurer Name Abel Mariano		
Street Address 60 PROGRESS STREET			Street Address 60 PROGRESS STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 4 7 4 1 \*

\*84741 DBC1/21/033:01:38 PM\*

File Date 2-28-03

Check No. 12389

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 2-26-03  
Signature of Officer Date

Abel Mariano  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84741** 2. Name of Corporation **Atlantic Swimming Pool Filling Service, Inc.**  
3. Street Address Principal Business Office **60 Progress Street** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **723-2060** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**  
7. Brief Description of the Character of Business Conducted in Rhode Island

The filling and maintenance of swimming pools.

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Abel Mariano</b> Street Address <b>60 Progress Street</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	Vice President Name  Street Address  City _____ State _____ Zip _____
Secretary Name <b>Abel Mariano</b> Street Address <b>same</b> City _____ State _____ Zip _____	Treasurer Name <b>Abel Mariano</b> Street Address <b>same</b> City _____ State _____ Zip _____

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  Street Address  City _____ State _____ Zip _____	Director Name  Street Address  City _____ State _____ Zip _____
Director Name  Street Address  City _____ State _____ Zip _____	Director Name  Street Address  City _____ State _____ Zip _____

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>2,000 COMM NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 4 7 4 1 \*

**FILED**

File Date: \_\_\_\_\_

**FEB 28 2002**

Check No.: \_\_\_\_\_

By: Abel Mariano

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Abel Mariano Date 2/25/02  
Signature of Officer Date

Abel Mariano  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84741** 2. Name of Corporation **Atlantic Swimming Pool Filling Service, Inc.**  
 3. Street Address Principal Business Office **60 Progress Street** City **Lincoln** State **RI** Zip **02865**  
 4. Business Phone No. **723-2060** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**The filling and maintenance of swimming pools.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Abel Mariano</b>	Vice President Name
Street Address <b>60 Progress Street</b>	Street Address
City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	City State Zip
Secretary Name <b>Abel Mariano</b>	Treasurer Name <b>Abel Mariano</b>
Street Address <b>same</b>	Street Address <b>same</b>
City State Zip	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>2,000</b>	<b>SHS COMM NO PAR VAL</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>NO Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 4-11-01

Check No.: 1770

By: [Signature]

Signature of Officer [Signature] Date 4/6/01

**Abel Mariano**

Print or Type Name of Officer

**President**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84741** 2. Name of Corporation **Atlantic Swimming Pool Filling Service, Inc.**  
3. Street Address Principal Business Office **60 Progress Street** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **723-2060** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**The filling and maintenance of swimming pools**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Abel Mariano</b>	Vice President Name
Street Address <b>60 Progress Street</b>	Street Address
City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	City State Zip
Secretary Name <b>Abel Mariano</b>	Treasurer Name <b>Abel Mariano</b>
Street Address <b>same</b>	Street Address <b>same</b>
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<b>2,000 SHS COMM NO PAR VAL</b>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 4 7 4 1 \*

File Date: 2-24-00

Check No.: 1602

By: AMF

FOR SECRETARY OF STATE USE ONLY

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.

Abel Mariano 2-1-00  
Signature of Officer Date

**Abel Mariano**

Print or Type Name of Officer

**President**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>84741</b>		2. Name of Corporation <b>Atlantic Swimming Pool Filling Service, Inc.</b>		
3. Street Address Principal Business Office <b>60 Progress Street</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
4. Business Phone No. <b>723-2060</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7880</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>The filling and maintenance of swimming pools.</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
President Name <b>Abel Mariano</b>		Vice President Name		
Street Address <b>60 Progress Street</b>		Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>		
Secretary Name <b>Abel Mariano</b>		Treasurer Name <b>Abel Mariano</b>		
Street Address <b>same</b>		Street Address <b>same</b>		
City	State	Zip		
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip		
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip		
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>2,000 SHS COMM NO PAR VAL</b>			<b>100</b>	<b>Common</b>
				<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 4 7 4 1 \*

File Date: March 1, 99

Check No.: 1464

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Date 2/19/99

**Abel Mariano**

Print or Type Name of Officer

**President**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84741** 2. Name of Corporation **Atlantic Swimming Pool Filling Service, Inc.**  
3. Street Address Principal Business Office **60 Progress Street** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **723-2060** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**The filling and maintenance of swimming pools.**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Abel Mariano</b>	Vice President Name
Street Address <b>60 Progress Street</b>	Street Address
City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	City State Zip
Secretary Name <b>Abel Mariano</b>	Treasurer Name <b>Abel Mariano</b>
Street Address <b>same</b>	Street Address <b>same</b>
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>2,000 SHS COMM NO PAR VAL</b>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 4 7 4 1 \*

File Date: 2.12.98  
Check No.: 1297  
By: KCP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Abel Mariano Date \_\_\_\_\_  
Print or Type Name of Officer **Abel Mariano**  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84741** 2. Name of Corporation **Atlantic Swimming Pool Filling Service, Inc.**  
3. Street Address Principal Business Office **60 Progress Street** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **723-2060** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**The filling and maintenance of swimming pools.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name			Vice President Name		
<b>Abel Mariano</b>					
Street Address			Street Address		
<b>60 Progress Street</b>					
City	State	Zip	City	State	Zip
<b>Lincoln</b>	<b>RI</b>	<b>02865</b>			
Secretary Name			Treasurer Name		
<b>Abel Mariano</b>			<b>Abel Mariano</b>		
Street Address			Street Address		
<b>same as above</b>			<b>same as above</b>		
City	State	Zip	City	State	Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>2,000 SHS COMM NO PAR VAL</b>			<b>100</b>	<b>Common</b>	<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1/14/97  
Check No.: 1199  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer: Abel Mariano Date: 1-10-97  
Print or Type Name of Officer: Abel Mariano  
Title of Officer: President

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 84741		2. NAME OF CORPORATION Atlantic Swimming Pool Filling Service, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 60 Progress Street		CITY Lincoln	STATE RI	ZIP CODE 02865
4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 9837	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

The filling and maintenance of swimming pools.

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Abel Mariano			VICE PRESIDENT NAME		
STREET ADDRESS 60 Progress Street			STREET ADDRESS		
CITY Lincoln	STATE RI	ZIP CODE 02865	CITY	STATE	ZIP CODE
SECRETARY NAME Abel Mariano			TREASURER NAME Abel Mariano		
STREET ADDRESS same			STREET ADDRESS same		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME N/A			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000 SHS	COMM NO PAR VAL		100	Common	No Par

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

1/31/96

Check No:

1083

By:

*ccw up*

Signature of Officer

*Abel Mariano*

Print or Type Name of Officer

ABEL MARIANO

Title of Officer

PRES.

Date

1/31/96

For Secretary of State Use Only