



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 02903-1333
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. 129048		2. Name of Corporation Spas & Pools Unlimited, Inc.			
3. Street Address Principal Business Office 12 Church St.			City ASHAWAY	State RI	Zip 02804
4. Business Phone No. 401-377-2786		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATE A SWIMMING POOL AND HOT TUB MAINTENANCE AND REPAIR SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robin S. Dubay			Vice President Name Robin S. Dubay		
Street Address 12 Church St.			Street Address 12 Church St.		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
Secretary Name Robin S. Dubay			Treasurer Name Cynthia L. Dubay		
Street Address 12 Church St.			Street Address 12 Church St.		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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	Par Value
8,000 \$0.01 PAR VALUE			NONE		

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



File Date **FILED**
Check No. **MAR 01 2005**
By **[Signature]**

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 **[Signature]** Date **2-23-05**
Print or Type Name of Officer **R. S. Dubay**



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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 129048		2. Name of Corporation SPAS & POOLS UNLIMITED, INC.			
3. Street Address Principal Business Office 12 CHURCH STREET		City ASHAWAY	State RI	Zip 02804	
4. Business Phone No. 401-337-2786		5. State of Incorporation RHODE ISLAND			6. SIC Code 2881
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATE A SWIMMING POOL AND HOT TUB MAINTENANCE AND REPAIR SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS (X: BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBIN DUBAY		Vice President Name ROBIN DUBAY			
Street Address 12 CHURCH STREET		Street Address 12 CHURCH STREET			
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
Secretary Name CYNTHIA DUBAY		Treasurer Name ROBIN DUBAY			
Street Address 12 CHURCH STREET		Street Address 12 CHURCH STREET			
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
9. NAMES AND ADDRESSES OF THE DIRECTORS (X: BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		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			11. SHARES ISSUED (X: BOX FOR ATTACHMENT) []		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$0.01 PAR VALUE		100		\$0.01

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



1 2 9 0 4 8

File Date	3/3/04
Check No.	2679
By:	SC
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: Robin Dubay Date: 2-26-04
Print or Type Name of Officer: **ROBIN DUBAY**
Title of Officer: **PRESIDENT**