



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 OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (93394), 2. Name of Corporation (BLUE WAVE POOLS, INC.), 3. Street Address (98 Pilgrim Avenue), 4. Business Phone No., 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (0), 7. Brief Description of the Character of Business (TO BUY AND SELL SWIMMING POOLS...), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: WILLIAM T. PARMENTER, Vice President: STEPHEN BERNASKY), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Director: WILLIAM T. PARMENTER, Director: STEPHEN BERNASKY), 10. SHARES AUTHORIZED (600 COMM NO PAR VALUE), 11. SHARES ISSUED (200 COMMON NO PAR VALUE).

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



\*93394\*

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: [Handwritten Signature] Date: 02/15/05

WILLIAM T. PARMENTER

Print or Type Name of Officer

PRESIDENT

Title of Officer

FILED stamp: File Date, Check No. (MAR 07 2005 1524), By: [Handwritten Signature], FOR SECRETARY OF STATE USE ONLY



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 02903-1331
401.222.3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 93394
2. Name of Corporation BLUE WAVE POOLS, INC.
3. Street Address Principal Business Office 98 Pilgrim Avenue
City Coventry State RI Zip 02816
4. Business Phone No.
5. State of Incorporation RHODE ISLAND
6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY AND SELL SWIMMING POOLS, SWIMMING POOL PRODUCTS.

8. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX 10 OF THE INSTRUCTIONS)
President Name WILLIAM T. PARMENTER
Vice President Name STEPHEN BERNASKY
Street Address 98 Pilgrim Avenue
Street Address 34 Blackrock Road
City Coventry State RI Zip 02816
City Coventry State RI Zip 02816
Secretary Name WILLIAM T. PARMENTER
Treasurer Name STEPHEN BERNASKY
Street Address 98 Pilgrim Avenue
Street Address 34 Blackrock Road
City Coventry State RI Zip 02816
City Coventry State RI Zip 02816

9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX 10 OF THE INSTRUCTIONS)
Director Name WILLIAM T. PARMENTER
Director Name STEPHEN BERNASKY
Street Address 98 Pilgrim Avenue
Street Address 34 Blackrock Road
City Coventry State RI Zip 02816
City Coventry State RI Zip 02816
Director Name
Director Name
Street Address
Street Address
City
City
State
State
Zip
Zip

Table with 4 columns: AUTHORIZED SHARES, ISSUED SHARES, Class/Series, Par Value. Row 1: 600 COMM NO PAR VALUE, 200, COMMON, NO PAR VALU

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

FILED

SEP 30 2004

By KMC
M 46206

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.

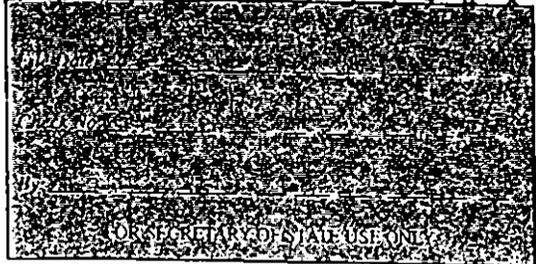
Signature of Officer [Handwritten Signature] Date 02/17/04

WILLIAM T. PARMENTER
Print or Type Name of Officer

PRESIDENT
Title of Officer



\* 9 3 3 9 4 \*





**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **93394** 2. Name of Corporation **BLUE WAVE POOLS, INC.**  
3. Street Address Principal Business Office **98 Pilgrim Avenue** City **Coventry** State **RI** Zip **02816**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To buy and sell swimming pools, products and supplies and any other lawful purpose**

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

President Name <b>WILLIAM T. PARMENTER</b> Street Address <b>98 Pilgrim Avenue</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b> Secretary Name <b>WILLIAM T. PARMENTER</b> Street Address <b>98 Pilgrim Avenue</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>	Vice President Name <b>STEPHEN BERNASKY</b> Street Address <b>34 Blackrock Road</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b> Treasurer Name <b>STEPHEN BERNASKY</b> Street Address <b>34 Blackrock Road</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>WILLIAM T. PARMENTER</b> Street Address <b>98 Pilgrim Avenue</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>	Director Name <b>STEPHEN BERNASKY</b> Street Address <b>34 Blackrock Road</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
600 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	COMMON	NO PAR VALUE

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



\* 9 3 3 9 4 \*

File Date: 2/18/03

Check No.: 4542

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] 02/18/03  
Signature of Officer Date

**WILLIAM T. PARMENTER**  
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. **93394** 2. Name of Corporation **BLUE WAVE POOLS, INC.**  
3. Street Address Principal Business Office **98 Pilgrim Avenue** City **Coventry** State **RI** Zip **02816**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island

To buy and sell swimming pools, products and supplies and any other lawful purpose

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

President Name <b>WILLIAM T. PARMENTER</b> Street Address <b>98 Pilgrim Avenue</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b> Secretary Name <b>WILLIAM T. PARMENTER</b> Street Address <b>98 Pilgrim Avenue</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>	Vice President Name <b>STEPHEN BERNASKY</b> Street Address <b>34 Blackrock Road</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b> Treasurer Name <b>STEPHEN BERNASKY</b> Street Address <b>34 Blackrock Road</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>WILLIAM T. PARMENTER</b> Street Address <b>98 Pilgrim Avenue</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>	Director Name <b>STEPHEN BERNASKY</b> Street Address <b>34 Blackrock Road</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 Common No par value**

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



File Date: 3-18-02  
Check No.: 4438  
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: 02/19/02  
**WILLIAM T. PARMENTER**  
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. **93394** 2. Name of Corporation **BLUE WAVE POOLS, INC.**

3. Street Address Principal Business Office **98 Pilgrim Avenue** City **Coventry** State **RI** Zip **02816**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code \_\_\_\_\_

7. Brief Description of the Character of Business Conducted in Rhode Island

To buy and sell swimming pools, products and supplies and any other lawful purpose

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

President Name <b>WILLIAM T. PARMENTER</b>	Vice President Name <b>STEPHEN BERNASKY</b>
Street Address <b>98 Pilgrim Avenue</b>	Street Address <b>34 Blackrock Road</b>
City State Zip <b>Coventry RI 02816</b>	City State Zip <b>Coventry RI 02816</b>
Secretary Name <b>WILLIAM T. PARMENTER</b>	Treasurer Name <b>STEPHEN BERNASKY</b>
Street Address <b>98 Pilgrim Avenue</b>	Street Address <b>34 Blackrock Road</b>
City State Zip <b>Coventry RI 02816</b>	City State Zip <b>Coventry RI 02816</b>

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

Director Name <b>WILLIAM T. PARMENTER</b>	Director Name <b>STEPHEN BERNASKY</b>
Street Address <b>98 Pilgrim Avenue</b>	Street Address <b>34 Blackrock Road</b>
City State Zip <b>Coventry RI 02816</b>	City State Zip <b>Coventry RI 02816</b>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 NO PAR COMMON**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 Common No par value**

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



\* 9 3 3 9 4 \*

File Date: 3-20-01

Check No.: 3426

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] 02/20/01  
Signature of Officer Date  
**WILLIAM T. PARMENTER**  
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. **93394** 2. Name of Corporation **BLUE WAVE POOLS, INC.**  
3. Street Address Principal Business Office **98 Pilgrim Avenue** City **Coventry** State **RI** Zip **02816**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code \_\_\_\_\_

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To buy and sell swimming pools, products and supplies and any other lawful purpose**

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

President Name <b>WILLIAM T. PARMENTER</b>	Vice President Name <b>STEPHEN BERNASKY</b>
Street Address <b>98 Pilgrim Avenue</b>	Street Address <b>34 Blackrock Road</b>
City State Zip <b>Coventry RI 02816</b>	City State Zip <b>Coventry RI 02816</b>
Secretary Name <b>WILLIAM T. PARMENTER</b>	Treasurer Name <b>STEPHEN BERNASKY</b>
Street Address <b>98 Pilgrim Avenue</b>	Street Address <b>34 Blackrock Road</b>
City State Zip <b>Coventry RI 02816</b>	City State Zip <b>Coventry RI 02816</b>

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

Director Name <b>WILLIAM T. PARMENTER</b>	Director Name <b>STEPHEN BERNASKY</b>
Street Address <b>98 Pilgrim Avenue</b>	Street Address <b>34 Blackrock Road</b>
City State Zip <b>Coventry RI 02816</b>	City State Zip <b>Coventry RI 02816</b>
Director Name <b>WILLIAM T. PARMENTER</b>	Director Name <b>STEPHEN BERNASKY</b>
Street Address <b>98 Pilgrim Avenue</b>	Street Address <b>34 Blackrock Road</b>
City State Zip <b>Coventry RI 02816</b>	City State Zip <b>Coventry RI 02816</b>

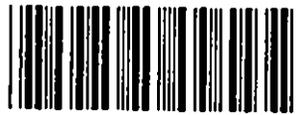
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 NO PAR COMMON**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 COMMON NO PAR VALUE**

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



\* 9 3 3 9 4 \*

File Date: 3/20/00  
Check No.: 2837  
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: 02/15/00  
**WILLIAM T. PARMENTER**  
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. **93394** 2. Name of Corporation **BLUE WAVE POOLS, INC.**  
3. Street Address Principal Business Office **98 Pilgrim Avenue** City **Coventry** State **RI** Zip **02816**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
To buy and sell swimming pools, products and supplies and any other lawful purpose

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

President Name <b>WILLIAM T. PARMENTIER</b>	Vice President Name <b>STEPHEN BERNASKY</b>
Street Address <b>98 Pilgrim Avenue</b>	Street Address <b>34 Blackrock Road</b>
City State Zip <b>Coventry RI 02816</b>	City State Zip <b>Coventry RI 02816</b>
Secretary Name <b>WILLIAM T. PARMENTIER</b>	Treasurer Name <b>STEPHEN BERNASKY</b>
Street Address <b>98 Pilgrim Avenue</b>	Street Address <b>34 Blackrock Road</b>
City State Zip <b>Coventry RI 02816</b>	City State Zip <b>Coventry RI 02816</b>

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

Director Name <b>WILLIAM T. PARMENTIER</b>	Director Name <b>STEPHEN BERNASKY</b>
Street Address <b>98 Pilgrim Avenue</b>	Street Address <b>34 Blackrock Road</b>
City State Zip <b>Coventry RI 02816</b>	City State Zip <b>Coventry RI 02816</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR COMMON		

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

ISSUED SHARES	Class/Series	Par Value
200	Common	No par value

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



File Date: Feb 22, 99  
Check No.: 3437  
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.

William T. Parmentier 02/16/99  
Signature of Officer Date  
**WILLIAM T. PARMENTIER**  
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. **93394** 2. Name of Corporation **BLUE WAVE POOLS, INC.**  
3. Street Address Principal Business Office **98 Pilgrim Avenue** City **Coventry** State **RI** Zip **02816**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code \_\_\_\_\_

7. Brief Description of the Character of Business Conducted in Rhode Island

To buy and sell swimming pools, products and supplies and any other lawful purpose

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

President Name **WILLIAM T. PARMENTER**  
Street Address **98 Pilgrim Avenue**  
City **Coventry** State **RI** Zip **02816**

Vice President Name **STEPHEN BERNASKY**  
Street Address **34 Blackrock Road**  
City **Coventry** State **RI** Zip **02816**

Secretary Name **WILLIAM T. PARMENTER**  
Street Address **98 Pilgrim Avenue**  
City **Coventry** State **RI** Zip **02816**

Treasurer Name **STEPHEN BERNASKY**  
Street Address **34 Blackrock Road**  
City **Coventry** State **RI** Zip **02816**

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

Director Name **WILLIAM T. PARMENTER**  
Street Address **98 Pilgrim Avenue**  
City **Coventry** State **RI** Zip **02816**

Director Name **STEPHEN BERNASKY**  
Street Address **34 Blackrock Road**  
City **Coventry** State **RI** Zip **02816**

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 NO PAR COMMON**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 Common No par value**

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



\* 9 3 3 9 4 \*

File Date: 2-2-98  
Check No.: 3030  
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.

William T. Parmenter 02/17/98  
Signature of Officer Date  
**WILLIAM T. PARMENTER**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer