



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JAN 15 2021

BY [Signature]

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>116219</u>		2. Exact name of the Corporation <u>South County Pool Service, Inc.</u>			
3. Principal Office Address <u>49 Whipple Drive</u>			City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>
4. NAICS Code <u>811490</u>		6. Brief description of the character of business conducted in Rhode Island <u>Domestic Profit Corp</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Michael Monte Forte</u>			Vice-President Name <u>None</u>		
Street Address <u>49 Whipple Dr</u>			Street Address		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City	State	Zip
Secretary Name <u>None</u>			Treasurer Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<u>200</u>	<u>Common</u>	<u>No Par Value</u>	
11. 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.					
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.					
Name of Authorized Representative <u>Michael Monte Forte</u>				Date <u>1-15-2021</u>	
Signature of Authorized Representative <u>[Signature]</u>					