



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2021**
 Corporation

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

FILED
FEB 10 2021
 STAMP
 FOR SECRETARY OF STATE USE ONLY

RY 2002

1. Entity ID Number 001682820		2. Exact name of the Corporation Pool Care, Inc.			
3. Principal Office Address 252 South Broad Street			City Pawcatuck	State CT	Zip 06379
4. NAICS Code 811411		6. Brief description of the character of business conducted in Rhode Island Swimming pool repair and service			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kimberly Gingerella			Vice-President Name Bethany Gingerella		
Street Address 3 Kent Avenue			Street Address 13 Hardwood Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Bethany Gingerella			Treasurer Name Kimberly Gingerella		
Street Address 13 Hardwood Lane			Street Address 3 Kent Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
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
			100	Common	0
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 Kimberly Gingerella				Date 2/4/21	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov