



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 2022

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

BY

2002

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

## MAIL TO:

Division of Business Services

148 W. River Street, Providence Rhode Island 02904-2615

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Website: www.sos.ri.gov