



State of Rhode Island  
**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.

1. Entity ID Number <b>145921</b>		2. Exact name of the Corporation <b>OASIS POOLS LTD</b>			
3. Principal Office Address <b>220 SHARPS LOT RD</b>			City <b>SWIMSEA</b>	State <b>MA</b>	Zip <b>02777</b>
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>INSTALL INGROUND POOLS</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name <b>Eddy H Reed</b>			Vice-President Name		
Street Address <b>220 SHARPS LOT RD</b>			Street Address		
City <b>SWIMSEA</b>	State <b>MA</b>	Zip <b>02777</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1,000</b>		<b>CNP</b>	<b>0</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Eddy H Reed</b>					Date <b>2-15-21</b>
Signature of Authorized Representative <b>Eddy Reed</b>					

2021 MAR 10 PM 12:12  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

**FILED**

MAR 10 2021

BY **A.A. A.A.**  
**A.A. 12:12 pm.**