



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2023**  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 24 2023

BY 3601

1. Entity ID Number <b>93394</b>		2. Exact name of the Corporation <b>BLUE WAVE POOLS, INC.</b>			
3. Principal Office Address <b>2417 Mendon Road</b>			City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO BUY AND SELL SWIMMING POOLS, SWIMMING POOL PRODUCTS</b>			
5. State of Incorporation <b>RHODE ISLAND</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>STEPHEN BERNASKY</b>			Vice-President Name <b>N/A</b>		
Street Address <b>528 Read Street</b>			Street Address		
City <b>South Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City	State	Zip
Secretary Name <b>STEPHEN BERNASKY</b>			Treasurer Name <b>STEPHEN BERNASKY</b>		
Street Address <b>528 Read Street</b>			Street Address <b>528 Read Street</b>		
City <b>South Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>South Attleboro</b>	State <b>MA</b>	Zip <b>02703</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 <b>STEPHEN BERNASKY</b>			Director Name		
Street Address <b>528 Read Street</b>			Street Address		
City <b>South Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	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 <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			200		
			COMMON		
			NO PAR VALUE		
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>STEPHEN BERNASKY, PRESIDENT</b>				Date <b>February 21, 2023</b>	
Signature of Authorized Representative <i>Stephen M. Bernasky</i>					