



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

STAMP

MAR 03 2023

BY

5378 DS

1. Entity ID Number 84741		2. Exact name of the Corporation Atlantic Swimming Pool Filling Service, Inc.	
3. Principal Office Address 2205 Chestnut Street		City North Dighton	State MA
		Zip 02764	
4. NAICS Code 44190	6. Brief description of the character of business conducted in Rhode Island Filling and maintenance of swimming pools		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Abel Mariano		Vice-President Name None	
Street Address 2205 Chestnut Street		Street Address	
City North Dighton	State MA	Zip 02764	
Secretary Name Abel Mariano		Treasurer Name Abel Mariano	
Street Address 2205 Chestnut Street		Street Address 2205 Chestnut Street	
City North Dighton	State MA	Zip 02764	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Abel Mariano		Director Name	
Street Address 2205 Chestnut Street		Street Address	
City North Dighton	State MA	Zip 02764	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common
		PAR VALUE 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.			
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 Abel Mariano		Date 2-16-2023	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov