



State of Rhode Island  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
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 FOR SECRETARY OF STATE  
 2023 MAR 30 AM 11:29

**Annual Report for the year:** 2023  
**Limited Liability Company**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

|   |  |  |                 |              |
|---|--|--|-----------------|--------------|
| 1. Entity ID Number<br>001740741  |  | 2. Exact name of the Limited Liability Company<br>BURTS POOL SERVICE LLC                     |                 |              |
| 3. NAICS Code<br>561790   |  | 4. Brief description of the character of business conducted in Rhode Island<br>SERVICE POOLS |                 |              |
| 5. State of Formation<br>RI   |  |  |                 |              |
| 6. Principal Office Address<br>424 1/2 CENTRAL AVENUE   |  | City<br>JOHNSTON   | State<br>RI     | Zip<br>02919 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                 |              |
| Contact Name<br>KRISTIN BURT  |  | Contact Title<br>SOLE MEMBER   |                 |              |
| Street Address<br>424 1/2 CENTRAL AVENUE  |  | City<br>JOHNSTON   | State<br>RI     | Zip<br>02919 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |  |                 |              |
| <i>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.</i> |  |  |                 |              |
| Name of Authorized Person<br>KRISTIN BURT   |  |  | Date<br>3/30/23 |              |
| Signature of Authorized Person<br>  |  |  |                 |              |

**FILED**

**MAR 30 2023**  
 BY ML SPK HB

**MAIL TO:**  
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