



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

Annual Report for the year: **2021**

Corporation _____

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

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BUS SVCS DIV

2023 MAY 25 A 11:08

1. Entity ID Number 000152664		2. Exact name of the Corporation Hayward Industries, Inc.			
3. Principal Office Address 400 Connel Drive, Suite 6100			City Berkeley Heights	State NJ	Zip 07922
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Manufacture pool equipment and sales of products - pumps, filters, heaters, heat pumps, automatic pool cleaners, lighting, controls and salt chlorine generators			
5. State of Incorporation New Jersey					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin P. Holleran			Vice-President Name		
Street Address 1415 Vantage Park Drive, Suite 400			Street Address		
City Charlotte	State NC	Zip 28203	City	State	Zip
Secretary Name Susan M. Canning			Treasurer Name Eifion S. Jones		
Street Address 1415 Vantage Park Drive, Suite 400			Street Address 1415 Vantage Park Drive, Suite 400		
City Charlotte	State NC	Zip 28203	City Charlotte	State NC	Zip 28203
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin P. Holleran			Director Name Eifion S. Jones		
Street Address 1415 Vantage Park Drive, Suite 400			Street Address 1415 Vantage Park Drive, Suite 400		
City Charlotte	State NC	Zip 28203	City Charlotte	State NC	Zip 28203
Director Name Susan M. Canning			Director Name		
Street Address 1415 Vantage Park Drive, Suite 400			Street Address		
City Charlotte	State NC	Zip 28203	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		2,500		Common	0
				Common	
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 Susan M. Canning					Date
Signature of Authorized Representative <i>Susan M. Canning</i>					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 25 2023 11:12
BY *R FTUQ* FORM 630- Revised: 04/2023

Ken