



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

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

RECEIVED
 R.I. DEPT. OF STATE
 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	
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	
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	
Director Name Susan M. Canning		Director Name	
Street Address 1415 Vantage Park Drive, Suite 400		Street Address	
City Charlotte	State NC	Zip 28203	
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 2,500	CLASS/SERIES Common
			PAR VALUE 0
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

11:10

BY *R FSTOQ*

FORM 630- Revised: 04/2023

Ken