



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
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.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><u>001708993</u>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><u>Crystal Waters hottubs LLC</u>            |                    |
| 3. NAICS Code<br><u>326191</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>hot tubs</u> |                    |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                      |  |                                                                                                |                    |
| 6. Principal Office Address<br><u>487 Jefferson Blvd</u>                                                                                                                                                |  | City<br><u>Wawick</u>                                                                          | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02886</u>                                                                            |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                |                    |
| Contact Name<br><u>CAROL Benoit</u>                                                                                                                                                                     |  | Contact Title<br><u>OWNER</u>                                                                  |                    |
| Street Address<br><u>487 Jefferson Blvd</u>                                                                                                                                                             |  | City<br><u>Wawick</u>                                                                          | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02886</u>                                                                            |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642                                                                      |  |                                                                                                |                    |
| 9. 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 Person<br><u>CAROL Benoit</u>                                                                                                                                                        |  | Date                                                                                           |                    |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                    |  |                                                                                                |                    |

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