



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
FEB 20 2024

8029 *[Signature]*
STATE

1. Entity ID Number 001682129		2. Exact name of the Corporation B & L Pool Services, Inc.			
3. Principal Office Address 303 North Main Street			City Uxbridge	State MA	Zip 01569
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island Swimming Pool Sales & Installation			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Henry Laverdiere			Vice-President Name		
Street Address 75 Singletary Avenue			Street Address		
City Sutton	State MA	Zip 01590	City	State	Zip
Secretary Name Paul Henry Laverdiere			Treasurer Name Paul Henry Laverdiere		
Street Address 75 Singletary Avenue			Street Address 75 Singletary Avenue		
City Sutton	State MA	Zip 01590	City Sutton	State MA	Zip 01590
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul Henry Laverdiere			Director Name		
Street Address 75 Singletary Avenue			Street Address		
City Sutton	State MA	Zip 01590	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
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		PAR VALUE
			100	CNP	No Par
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 Paul Henry Laverdiere					Date 2/12/2024
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov