



**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.

**FILED**

**MAR 12 2024**

BY *[Signature]* 1739

1. Entity ID Number <b>05-0475489</b> <i>21903</i>	2. Exact name of the Corporation <b>THE POOL DOCTOR OF RHODE ISLAND, INC.</b>
---	--

3. Principal Office Address <b>2200 NOOSENECK HILL ROAD</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
--	-------------------------	--------------------	---------------------

4. NAICS Code <b>53110</b>	6. Brief description of the character of business conducted in Rhode Island <b>RETAILER, SALES AND SERVICE COMPANY OF POOLS AND SPAS</b>
5. State of Incorporation <b>RHODE ISLAND</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RONALD E LECLERC</b>			Vice-President Name <b>DEBRA TILLSON LECLERC</b>		
Street Address <b>221 NEW LONDON TPKE</b>			Street Address <b>221 NEW LONDON TPKE</b>		
City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02898</b>	City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02898</b>
Secretary Name <b>DEBRA TILLSON LECLERC</b>			Treasurer Name <b>RONALD E LECLERC</b>		
Street Address <b>221 NEW LONDON TPKE</b>			Street Address <b>221 NEW LONDON TPKE</b>		
City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02898</b>	City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02898</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	<b>100</b>	<b>STK</b>	<b>0</b>

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 <i>Debra Tillson Leclerc</i>	Date <b>03/02/2024</b>
---	---------------------------

Signature of Authorized Representative  
*Debra Tillson - Leclerc*