



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 18 2024

BY *[Signature]* 1739

1. Entity ID Number 05-0475489 <i>71903</i>		2. Exact name of the Corporation THE POOL DOCTOR OF RHODE ISLAND, INC.	
3. Principal Office Address 2200 NOOSENECK HILL ROAD		City COVENTRY	State RI
		Zip 02816	
4. NAICS Code 53110	6. Brief description of the character of business conducted in Rhode Island RETAILER, SALES AND SERVICE COMPANY OF POOLS AND SPAS		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RONALD E LECLERC		Vice-President Name DEBRA TILLSON LECLERC	
Street Address 221 NEW LONDON TPKE		Street Address 221 NEW LONDON TPKE	
City RICHMOND	State RI	Zip 02898	City RICHMOND
			State RI
			Zip 02898
Secretary Name DEBRA TILLSON LECLERC		Treasurer Name RONALD E LECLERC	
Street Address 221 NEW LONDON TPKE		Street Address 221 NEW LONDON TPKE	
City RICHMOND	State RI	Zip 02898	City RICHMOND
			State RI
			Zip 02898
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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 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
		100	STK
		0	PAR VALUE
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 03/02/2024
Signature of Authorized Representative <i>Debra Tillson - Leclerc</i>			

MAIL TO:
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Website: www.sos.ri.gov