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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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.

		A 2011				
1. Entity ID Number	2. Exact name of the Limited Liability Company					
1694729	AQUA MED PONS LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
238990	INSTALLATION OF INGTOWN) SWIMMING POOLS					
5. State of Formation						
MA	SERVICE OF POOLS					
6. Principal Office Address		City	State	Zip		
1/20 TREMONT ST.		N. 014HON	MA	02764		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
JASON BRANCO		OWNER				
Street Address		City	State	Zip		
1/20 TREMONT ST.		N. D16450N	MA	02764		
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			Date			
JASON BRA	NW		4/4/24			
Signature of Authorized Person						

MAIL TO:

Division of Business Services

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

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Phone: (401) 222-3040 Website: www.sos.rl.gov

FORM 632 - Revised: 12/2023