RI SOS Filing Number: 202450126880 Date: 4/4/2024 10:02:00 AM

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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.

		<u></u>			
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 INGTOUND SWIMMING POOLS				
5. State of Formation	!		,	•	
MA	SERVICE OF POOLS				
6. Principal Office Address		City	State	Zip	
1120 TARMONT	5T.	N. 014HTON	MA	02764	
7. Mailing Address of Limite	d Liability Company and Name or Title o	Contact Person			
Contact Name		Contact Title			
JASON BRI	anco	OWNER			
Street Address		City	State	Zip	
1120 TREMONT ST.		N. DIGHTON	MA	02764	
8. The Resident Agent infor	mation currently of record with the Ri De	partment of State is accurate	e. Changes requin	a filing Form 642.	
9. Under penalty of perjur statements, and that all st	y, I declare and affirm that I have exam atemants contained herein are true o	sined this report, including ad correct.	any accompany	ing schedules and	
Name of Authorized Person			Date		
JASON BRANCO			4/4/24		
Signature of Authorized Per	son Barrell				
12					

FILED

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised 12/2023