



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025
Corporation

FEB 11 2025
 BY 1258

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 58521		2. Exact name of the Corporation POOL PLUS, INC.			
3. Principal Office Address 2654 HARTFORD AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 453990		6. Brief description of the character of business conducted in Rhode Island SALES AND SERVICE OF POOLS, SPAS AND HOT TUBS.			
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 WAYNE MARTIN JR.			Vice-President Name TIFFANY MARTIN		
Street Address 10 VICTORIA DRIVE			Street Address 10 VICTORIA DRIVE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name LINDA MARTIN			Treasurer Name WAYNE MARTIN JR.		
Street Address 10 VICTORIA DRIVE			Street Address 10 VICTORIA DRIVE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LINDA MARTIN			Director Name WAYNE MARTIN JR.		
Street Address 10 VICTORIA DRIVE			Street Address 10 VICTORIA DRIVE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
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/SERIALS
			PAR VALUE:		
			600	COMMON	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 WAYNE MARTIN JR.				Date 12-7-25	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov