State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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
STAMP
APR 21 2025
BY 3007

1. Entity ID Number	2. Exact name of the Corporation		
001682820	Pool Care, Inc.		
3. Principal Office Address	City	State	Zip
252 South Broad Street	Pawcatuck	CT	06379
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
811411	Swimming pool repair and service.		
5. State of Incorporation			
CT			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kimberly Gingerella			Vice-President Name: Bethany Gingerella		
Street Address: 3 Kent Avenue			Street Address: 13 Hardwood Lane		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891
Secretary Name: Bethany Gingerella			Treasurer Name: Kimberly Gingerella		
Street Address: 13 Hardwood Lane			Street Address: 3 Kent Avenue		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	0

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	Date
Kimberly Gingerella	4/15/25
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

FORM 630- Revised 12/2023