	RE 25 A
State of Rhode Island Department of State - Business Services Division	
Annual Report for the year: Limited Liability Company	(1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
 → 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 Liebith. Company				
17/16 07	2. Exact name of the Limited Liability Company				
176808+	POOIS Company LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
1561790	Pool services, maintances.				
5. State of Formation	, man range,				
O. Gate of Contactor	equitments installation, openings				
(6)	dosings. Chemicals supply.				
6. Principal Office Address		City	State	Zip	
64 Putnam Piki	<u>e</u>	Johnston	RI	02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	Contact Title				
Luis Rodrigue				•	
Street Address . Hafeld Rd.		City 1. C	State	Zip	
591 Smithelaka		North Providence	KI	^{Zip} 02904	
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					
Janfahige Luis	Rodriguez		4/28	12025	
Signature of Authorized Person					
tux de					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov F FILE