



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

AUG 25 2025

BY 32415

REC'D RIDOS BSD
25 AUG 25 PM 12:19:03

1. Entity ID Number 1776060		2. Exact name of the Corporation Maytronics US Inc			
3. Principal Office Address 2221 Northmont Parkway Ste 400			City Duluth	State Ga	Zip 30096
4. NAICS Code 459999		6. Brief description of the character of business conducted in Rhode Island E commerce- Online selling of swimming pool maintenance products			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Franck Sogaard			Vice-President Name		
Street Address 2221 Northmont Parkway Ste.400			Street Address		
City Duluth	State Ga	Zip 30096	City	State	Zip
Secretary Name			Treasurer Name Laurence Crutchfield		
Street Address			Street Address 2221 Northmont Parkway Ste.400		
City	State	Zip	City Duluth	State Ga	Zip 30096
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sharon Goldenberg			Director Name		
Street Address 2221 Northmont Parkway Ste.400			Street Address		
City Duluth	State Ga	Zip 30096	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 <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		3000		Common	.01
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 Laurence Crutchfield					Date 8/22/25
Signature of Authorized Representative <i>Larry Crutchfield</i>					

MAIL TO:

Division of Business Services

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