



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 28 2025

BY 2721

REC'D RIDOS BSD
25 AUG 28 AM 9:42:00

1. Entity ID Number 001770791		2. Exact name of the Corporation FILLION ASSOCIATES, INC.			
3. Principal Office Address 35 TALLMAN AVENUE			City E. PROVIDENCE	State RI	Zip 02914
4. NAICS Code 423910		6. Brief description of the character of business conducted in Rhode Island SALE OF COMMERCIAL SWIMMING POOL EQUIPMENT AND SUPPLIES.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES FINNERAN			Vice-President Name		
Street Address 82 MONEY HILL ROAD			Street Address		
City CHEPACHET	State RI	Zip 02814	City	State	Zip
Secretary Name JAMES FINNERAN			Treasurer Name JAMES FINNERAN		
Street Address 82 MONEY HILL ROAD			Street Address 82 MONEY HILL ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JAMES FINNERAN			Director Name		
Street Address 82 MONEY HILL ROAD			Street Address		
City CHEPACHET	State RI	Zip 02814	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		
			500	CNP	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 JAMES FINNERAN				Date 08/27/2025	
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