



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

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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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>C. ASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>500</td><td>CNP</td><td>0</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	C. ASS/SERIES	PAR VALUE	500	CNP	0			
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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