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Annual Report for the year: 2022  Corporation  Filing period: February 1 - May 1  Filing Fee: \$50.00  Penalty: Additional \$25.00 fee if form is not filed by May 31.  1. Entity ID Number  000152664  3. Principal Office Address 400 Connel Drive, Suite 6100  4. NAICS Code 33. Principal Office Address 400 Connel Drive, Suite 6100  4. NAICS Code 33. Principal Office Address 400 Connel Drive, Suite 6100  6. Brief description of the character of business conducted in Rhode Island Manufacture pool equipment and sales of products - pumps, filters, heaters, heat pumps, automatic pool cleaners, lighting, controls and salt chlorine generators  7. List ALL officers (names and addresses)  Check the box to indicate an attachment in the product of the character of business conducted in Rhode Island Manufacture pool equipment and sales of products - pumps, filters, heaters, heat pumps, automatic pool cleaners, lighting, controls and salt chlorine generators  7. List ALL officers (names and addresses)  Check the box to indicate an attachment in the products of the product	R.I. DEPT. OF STATE BUS SVCS DP'  2023 MAY 25 A II: 08  State NJ 07922  If business conducted in Rhode Island and sales of products - pumps, filters, matic pool cleaners, lighting, controls and salt  Check the box to indicate an attachment Defice-President Name	- May 1  Difee if form is not filed by May 31.  2. Exact name of the Corporation	•
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Changes require an additional filing.  Common  Common	_	ig.	Changes require an additional filing
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.	rized representative. If the corporation is in the hands of a re-	I on behalf of the corporation by an a	11. This report must be executed a
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and	. al air tagetai di haciasi	lare and affirm that I have examine	Under penalty of perjury, I decia
statements, and that all statements contained herein are true and correct.	nis report, including any accompanying schedules and		statements, and that all stateme
Susan M. Canning	rrect.	ivo	f
Signature of Authorized Representative  SWAN M. CAMMIN  FILED	nis report, including any accompanying schedules and prect.  Dete	tive	Signature of Authorized Represen

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 25 2023 1013

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