RI SOS Filing Number: 200808359160 Date: 02/11/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

****In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
7158	FOUNTAIN MOVING & STORAGE INC			
3. Street Address Principal Business Office		City	State	Zip
2080 MINERAL SPRING AVE		N PROVIDENCE	RI	02911
4. Business Phone No.	5. State of Incorporation			
401-353-7700	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
MOVING & STORAGE

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
DONALD G. ARPIN			DONALD G ARPIN JR		
Street Address			Street Address		
8 MARSH HARBOR DR			113 KEY ISLAND DR		
City	State	Zip	City	State	Zip
SAVANNAH	GA	31403	SAVANNAH	GA	31410
Secretary Name			Treasurer Name		
DONALD G ARPIN JR			DONALD G ARPIN JR		
Street Address			Street Address		
113 KEY ISLAND DR			113 KEY ISLAND DR		
City	State	Zip	City	State	Zip
SAVANNAH	GA	31403	SAVANNAH	GA	31410

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	COMMON	NO PAR VALUE

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE

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.

[redacted]

File Date FILED
Check No. FEB 11 2008
By: By 005121
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20403-5-229189

[redacted]

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.

Signature *Date* 2-5-08

DONALD G ARPIN JR
Print or Type Name

[redacted] VICE PRESIDENT
Title

Form 630 Rev. 12/06