



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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. <u>109485</u>		2. Name of Corporation <u>Fireplace Specialties, Inc.</u>			
3. Street Address Principal Business Office <u>6 Long Lane North Kingstown</u>			City <u>RI</u>	State <u>RI</u>	Zip <u>02852</u>
4. Business Phone No. <u>401-265-5157</u>		5. State of Incorporation <u>RI</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Install, sell and Rehabilitation of Zero Clearance Fireplaces</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Steven Fontes</u>			Vice President Name <u>Lisa Fontes</u>		
Street Address <u>6 Long Ln</u>			Street Address <u>6 Long Lane</u>		
City <u>No. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>No. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
Secretary Name <u>Lisa Fontes</u>			Treasurer Name <u>Steven Fontes</u>		
Street Address <u>6 Long Lane</u>			Street Address <u>6 Long Lane</u>		
City <u>No Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>No Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/>					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>600</u>	<u>No Par Value</u>		<u>100</u>	<u>Common</u>	<u>No Par</u>

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
APR 21 11 53 AM '08

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.

Lisa Fontes 4-21-08
Signature Date
Lisa Fontes
Print or Type Name
Vice President
Title

FILED

File Date APR 21 2008
Check No. 056188
By 358

FOR SECRETARY OF STATE USE ONLY