



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 2011

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 109485		2. Name of Corporation FIREPLACE SPECIALTIES, INC.			
3. Street Address Principal Business Office 6 LONG LANE			City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. (401)295-2950		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO INSTALL SELL REHABILITATE AND MAINTAIN FIREPLACES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LISA FONTES			Vice President Name STEVEN FONTES		
Street Address 6 LONG LANE			Street Address 6 LONG LANE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02827
Secretary Name LISA FONTES			Treasurer Name STEVEN FONTES		
Street Address 6 LONG LANE			Street Address 6 LONG LANE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value NO PAR

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.

FILED

File Date OCT 11 2011
Check No. By 4631
By: FOR SECRETARY OF STATE USE ONLY

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 10-6-11
Signature Date
LISA FONTES
Print or Type Name
PRESIDENT
Title