



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 106685		2. Exact name of the limited liability company Fire-Mart, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To engage in the business of selling and installing fireplaces			
5. Principal office address 775 Fall River Avenue		City Seekonk	State MA	Zip 02771	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Randolph G. Titsworth			Contact Title Managing Partner		
Street Address 775 Fall River Avenue		City Seekonk	State MA	Zip 02771	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Randolph G. Titsworth			Manager Name		
Street Address 775 Fall River Avenue			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

JUN 21 2012

BY

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File Date _____

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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.

R.G. Titsworth 6/14/12
 Signature of Authorized Person Date

R.G. TITSWORTH
 Print or Type Name of Authorized Person