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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
7156	**FOUNTAIN DISPENSERS COMPANY, INC.**

3. Principal office address	City	State	Zip
20 Alicia Circle	**Warwick**	**RI**	**02886**

4. Business Phone No.	5. State of Incorporation
884-8882	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Buying, selling, leasing, servicing and dealing in and with air cleaners, filters and any other lawful purpose.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Francis W. Marceau	**20 Alicia Circle**	**Warwick**	**RI**	**02886**

Vice-President Name	Street Address	City	State	Zip
Francis W. Marceau	**20 Alicia Circle**	**Warwick**	**RI**	**02886**

Secretary Name	Street Address	City	State	Zip
Francis W. Marceau	**20 Alicia Circle**	**Warwick**	**RI**	**02886**

Treasurer Name	Street Address	City	State	Zip
Francis W. Marceau	**20 Alicia Circle**	**Warwick**	**RI**	**02885**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	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.

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.

Francis W. Marceau 6/18/12
Signature of Authorized Representative Date

Francis W. Maceau
Print or Type Name of Authorized Representative

File Date _____

Check No _____

By: _____ FILED

FOR SECRETARY OF STATE USE ONLY JUN 27 2012

By MNC CR #3690

Form No. 630
Revised: 01-2012
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