



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 2013**

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. 000131823		2. Exact name of the Corporation Fenton Investments, Inc.	
3. Principal office address 34 Blueberry Lane		City Charlestown	State RI
4. Business Phone No. 401-364-5249		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island To act as a receiving entity for commissions earned from licensed real estate activities.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Patrice Fenton		Vice-President Name Patrice Fenton	
Street Address 34 Blueberry Lane		Street Address 34 Blueberry Lane	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
Secretary Name Patrice Fenton		Treasurer Name Patrice Fenton	
Street Address 34 Blueberry Lane		Street Address 34 Blueberry Lane	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Patrice Fenton		Director Name	
Street Address 34 Blueberry Lane		Street Address	
City Charlestown	State RI	City	State
Zip 02813		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		NUMBER OF SHARES	CLASS/SERIES
		5000	STK
			PAR VALUE
			\$1.00

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

BY M 197671

MAY 21 2013

FILED

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 of Authorized Representative

Print or Type Name of Authorized Representative

Date

5/20/13