RI SOS Filing Number: 201587934580 Date: 11/16/2015 4:00 PM

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 2015

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.	2. Exact name of the limited liability company
106685	Fire-Mart, LLC
3. State of Formation	**4. Brief description of the character of business conducted in Rhode Island**
RI	To engage in the business of selling and installing fireplaces

5. Principal office address	City	State	Zip
775 Fall River Avenue	Seekonk	MA	02771

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Randolph G. Titsworth	Managing Partner		
Street Address	**City**	**State**	**Zip**
775 Fall River Avenue	Seekonk	MA	02771

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Randolph G. Titsworth					
Street Address			**Street Address**		
775 Fall River Avenue					
City	**State**	**Zip**	**City**	**State**	**Zip**
Seekonk	MA	02771			
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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
NOV 16 2015
BY 14567

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 C Titsworth 11/01/15
Signature of Authorized Person Date

Randolph G. Titsworth
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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