



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 2016

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. 115841		2. Exact name of the Corporation FOUNTAIN SERVICES, INC.			
3. Principal office address 131 SHREWSBURY STREET, P.O. BOX 1098		City BOYLSTON	State MA	Zip 01505	
4. Business Phone No. 508-869-3390		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island Beverage Equipment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL F. FEARN			Vice-President Name		
Street Address 53 WHITEFACE ROAD			Street Address		
City NORTH SANDWICH	State NH	Zip 03259	City	State	Zip
Secretary Name MICHAEL F. FEARN			Treasurer Name MICHAEL F. FEARN		
Street Address 53 WHITEFACE ROAD			Street Address 53 WHITEFACE ROAD		
City NORTH SANDWICH	State NH	Zip 03259	City NORTH SANDWICH	State NH	Zip 03259
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MICHAEL F. FEARN			Director Name		
Street Address 53 WHITEFACE ROAD			Street Address		
City NORTH SANDWICH	State NH	Zip 03259	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) <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	PAR VALUE
			100	COMMON	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 21 2016

qv 16L 40628

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

Date

1-15-16

MICHAEL F. FEARN, PRESIDENT

Print or Type Name of Authorized Representative