



State of Rhode Island
and Providence Plantations
Office of the Secretary of State.

Commission

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 104824		2. Name of Corporation Fontaine Inspections, Inc.			
3. Street Address Principal Business Office 121 Bacon Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Inspection and Management of Real Property					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kellie J. Marcil			Vice President Name Kenneth Marcil		
Street Address 121 Bacon Street		Street Address 121 Bacon Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Kellie J. Marcil			Treasurer Name Kenneth Marcil		
Street Address 121 Bacon Street		Street Address 121 Bacon Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kellie J. Marcil			Director Name Kenneth Marcil		
Street Address 121 Bacon Street		Street Address 121 Bacon Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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	
		200	Common	No Par	
THIS SECTION MUST BE COMPLETED					

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.

FILED

JAN 28 2016

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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: K. Marcil Date: 1/1/16
 Print or Type Name: Kellie J. Marcil
 Title: President

File Date _____
 Check No. _____
 By: _____
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