



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. 6746		2. Exact name of the Corporation Fontaine & Croll, Ltd.		
3. Principal office address 34 Hamlet Avenue		City Woonsocket	State RI	Zip 02895
4. Business Phone No. 401-765-0200		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Provide legal services				
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
President Name Howard R. Croll		Vice-President Name		
Street Address 34 Hamlet Avenue		Street Address		
City Woonsocket	State RI	Zip 02895	City	State Zip
Secretary Name Paul A. Fontaine		Treasurer Name		
Street Address 34 Hamlet Avenue		Street Address		
City Woonsocket	State RI	Zip 02895	City	State Zip
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	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) ☐				
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
		600		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.



FILED

FEB 11 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 of Authorized Representative

Date

Howard R. Croll, President

Print or Type Name of Authorized Representative