

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 leaibly.

1. Entity ID No.	2. Exact na	AILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation Fireplace Fronts Inc.				
144 000	ı ıı ebi	LE FIUITS IIIC.				
3. Principal office address 100 Bellows Street, Unit 44			City Warwick	State RI	Zip 02888	
4. Business Phone No. 401-461-2844			5. State of Incorporation			
i. Brief description of the ch Woodworking	aracter of busines	s conducted in Rhode Islai	nd			
				engala da ayan da sara		
President Name Francis J. Tetreault			Vice-President Name			
Street Address 61 Villa Ave.			Street Address			
City Cranston	State RI	Zip 02905	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City State		Zip	
LIST ALL DIRECTORS (NAMES AND ADI	MESSES) ("X" BOX FOR	ATTACHMENT)			
Pirector Name			Director Name			
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. 2014/100 1001/0	O ("X" BOX FOR AFEM		
is information in our	u of second in the	Office of the O	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing.						
ee Section 9 of instruction	sheet.					
his report must be executed	d on behalf of the	corporation by an authorize st be executed on behalf of	ed representative. If the	corporation is in the han	ds of a receiver or trustee,	
	пиз гароп ти	or organisa on Denail Of	Under penalty of p	erjury, i declare and af	firm that I have examined	
Check No.	· · · · · · · · · · · · · · · · · · ·	FILED a	this report, including and that all statem	ng any accompanying ents contained herein	schedules and statement are true and correct.	
by:		MAR 0 9 2016	Signature of Author	Manual Fixed Representative	2/32/1 Date	
-		1.01	FRANCI	T	ZEAUT 2/2	
rm No. 630	BY	4117	Print or Type Name	of Authorized Represen		

Revised: 01/2012