



State of Rhode Island and Providence Plantations
Department of State Business Services Division

**Annual Report for the year
 Corporation**

2020

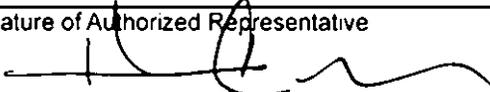
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JAN 22 2020

BY 30813 DS

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 00006746		2. Exact name of the Corporation Fontaine & Croll, Ltd.1			
3. Principal Office Address 90 Woods Way			City N. Kingstown	State RI	Zip 02852
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Provide Legal Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Howard R. Croll			Vice-President Name		
Street Address 90 Woods Way			Street Address		
City N. Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Paul A. Fontaine			Treasurer Name		
Street Address 90 Woods Way			Street Address		
City N. Kingstown	State RI	Zip 02852	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600			No Par Value
11. 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. <i>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.</i>					
Name of Authorized Representative Howard R. Croll				Date 12/2/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov