



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FEB 24 2023 STAMP**  
 174068 *[Handwritten initials]*

|  |                 |   |   |                            |                  |           |
|--|-----------------|---|---|----------------------------|------------------|-----------|
| 1. Entity ID Number<br><b>001700271</b>  |                 | 2. Exact name of the Corporation<br><b>Fontaine Bros., Inc.</b>   |   |                            |                  |           |
| 3. Principal Office Address<br><b>David P. Fontaine Jr.</b>  |                 | City<br><b>Springfield</b>  | State<br><b>MA</b>                                    | Zip<br><b>01104</b>        |                  |           |
| 4. NAICS Code<br><b>236220</b>   |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>Commercial Construction</b>         |   |                            |                  |           |
| 5. State of Incorporation<br><b>Delaware</b>   |                 |   |   |                            |                  |           |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |   |                            |                  |           |
| President Name <b>David P. Fontaine Sr.</b>  |                 |   | Vice-President Name <b>David P. Fontaine Jr., CEO</b> |                            |                  |           |
| Street Address <b>548 Hall Hill Road</b>   |                 |   | Street Address <b>183 Root Road</b>                   |                            |                  |           |
| City <b>Somers</b>   | State <b>CT</b> | Zip <b>06071</b>  | City <b>Somers</b>                                    | State <b>CT</b>            | Zip <b>06071</b> |           |
| Secretary Name <b>David P. Fontaine Jr.</b>  |                 |   | Treasurer Name <b>David P. Fontaine Sr.</b>           |                            |                  |           |
| Street Address <b>183 Root Road</b>  |                 |   | Street Address <b>548 Hall Hill Road</b>              |                            |                  |           |
| City <b>Somers</b>   | State <b>CT</b> | Zip <b>06071</b>  | City <b>Somers</b>                                    | State <b>CT</b>            | Zip <b>06071</b> |           |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |   |   |                            |                  |           |
| Director Name <b>David P. Fontaine Sr.</b>   |                 |   | Director Name <b>David P. Fontaine Jr.</b>            |                            |                  |           |
| Street Address <b>548 Hall Hill Road</b>   |                 |   | Street Address <b>183 Root Road</b>                   |                            |                  |           |
| City <b>Somers</b>   | State <b>CT</b> | Zip <b>06071</b>  | City <b>Somers</b>                                    | State <b>CT</b>            | Zip <b>06071</b> |           |
| Director Name <b>None</b>  |                 |   | Director Name <b>None</b>                             |                            |                  |           |
| Street Address   |                 |   | Street Address  |                            |                  |           |
| City   | State           | Zip   | City  | State                      | Zip              |           |
| 9. Shares Authorized   |                 |   |   |                            |                  |           |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                 | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |   |                            |                  |           |
|  |                 | NUMBER OF SHARES  |   | CLASS/SERIES               |                  | PAR VALUE |
|  |                 | <b>20,000</b>   | <b>CNP</b>  | <b>0</b>                   |                  |           |
| 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.<br><b>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.</b> |                 |   |   |                            |                  |           |
| Name of Authorized Representative<br><b>David P. Fontaine Sr., President</b>   |                 |   |   | Date<br><b>FEB 8, 2023</b> |                  |           |
| Signature of Authorized Representative<br><i>[Handwritten Signature]</i>   |                 |   |   |                            |                  |           |

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