



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.

FILED
 MAR 06 2023
 BY 3973

1. Entity ID Number 000115841		2. Exact name of the Corporation FOUNTAIN SERVICES, INC.			
3. Principal Office Address 131 SHREWSBURY STREET, P.O. BOX 1098			City BOYLSTON	State MA	Zip 01505
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island SALES AND SERVICE OF BEVERAGE EQUIPMENT			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL F. FEARN			Vice-President Name DEBORAH A. SALSMAN		
Street Address 53 WHITEFACE ROAD			Street Address 53 WHITEFACE ROAD		
City NORTH SANDWICH	State NH	Zip 03259	City NORTH SANDWICH	State NH	Zip 03259
Secretary Name AMY R. MACINTOSH			Treasurer Name MICHAEL F. FEARN		
Street Address 54 NORTH COMMON ROAD			Street Address 53 WHITEFACE ROAD		
City WESTMINSTER	State MA	Zip 01473	City NORTH SANDWICH	State MA	Zip 03259
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL F. FEARN			Director Name DEBORAH A. SALSMAN		
Street Address 53 WHITEFACE ROAD			Street Address 53 WHITEFACE ROAD		
City NORTH SANDWICH	State NH	Zip 03259	City NORTH SANDWICH	State NH	Zip 03259
Director Name CARL F. MALKIN			Director Name JAMES A. MALONEY		
Street Address 10 PURDUE DRIVE			Street Address 14 HARVARD STREET		
City MILFORD	State MA	Zip 01757	City WORCESTER	State MA	Zip 01609
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/SERIALS	PAR VALUE
		100		COMMON	NO PAR
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 MICHAEL F. FEARN				Date ✓ 2/28/23	
Signature of Authorized Representative 					

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