



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
Corporation

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

RECEIVED  
2025 FEB 12 PM 3:00  
2025 FEB 27 PM 3:37

1. Entity ID Number <b>1094BS</b>		2. Exact name of the Corporation <b>FIREPLACE SPECIALTIES INC</b>										
3. Principal Office Address <b>6 Long Lane</b>		City <b>N. KINGSTOWN</b>	State <b>RI</b>									
		Zip <b>02852</b>										
4. NAICS Code <b>238390</b>	6. Brief description of the character of business conducted in Rhode Island <b>Sales and installation of prefabricated hearth products</b>											
5. State of Incorporation <b>RI</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>LISA FONTES</b>		Vice-President Name <b>Steven Fontes</b>										
Street Address <b>8 LONG LANE</b>		Street Address <b>6 Long Lane</b>										
City <b>N KINGSTOWN</b>	State <b>RI</b>	City <b>N KINGSTOWN</b>	State <b>RI</b>									
Zip <b>02852</b>		Zip <b>02852</b>										
Secretary Name <b>Lisa Fontes</b>		Treasurer Name <b>Steven Fontes</b>										
Street Address <b>SAME</b>		Street Address <b>SAME</b>										
City	State	City	State									
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>										
This information is currently of record in the Department of State.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>50</b></td> <td><b>100</b></td> <td><b>0.000</b></td> </tr> <tr> <td><b>50</b></td> <td></td> <td><b>0.000</b></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>50</b>	<b>100</b>	<b>0.000</b>	<b>50</b>		<b>0.000</b>
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<b>50</b>		<b>0.000</b>										
Changes require an additional filing.												
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. 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.												
Name of Authorized Representative <b>Lisa Fontes</b>		Date <b>1-19-25</b>										
Signature of Authorized Representative <b>Lisa Fontes</b>		<b>FILED</b> <b>FEB 27 2025</b> <b>BY UPERS</b> <b>AA. 3:40pm.</b>										