State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00 $50
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
109485	FIREPLACE SPECIALTIES INC			
3. Principal Office Address		City	State	Zip
6 Long Lane		N. Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238390	Sales and installation of prefabricated hearth products			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
LISA FONTES			Steven Fontes		
Street Address			Street Address		
8 Long Lane			6 Long Lane		
City	State	Zip	City	State	Zip
N Kingstown	RI	02852	N Kingstown	RI	02852
Secretary Name			**Treasurer Name**		
Lisa Fontes			Steven Fontes		
Street Address			Street Address		
Same			Same		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	50 (100)	NPV	$ 0.000
	50		$ 0.000

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	Date
Lisa Fontes	1-19-25
Signature of Authorized Representative	
Lisa Fontes	

FILED
FEB 27 2025
BY UPERS
AA. 3:40pm.

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

FORM 630- Revised: 12/2023