



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.

2023 FEB 27

\$100-

2025 FEB 12 PM 3:00

1. Entity ID Number <u>050508686</u>		2. Exact name of the Corporation <u>Fireplace Specialties Inc</u>												
3. Principal Office Address <u>6 Long Lane</u>		City <u>N Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>										
4. NAICS Code <u>238390</u>		6. Brief description of the character of business conducted in Rhode Island <u>Sales + Installation of prefabricated Hearth Products</u>												
5. State of Incorporation <u>RI</u>														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name <u>Lisa Fontes</u>			Vice-President Name <u>Steven Fontes</u>											
Street Address <u>8 Long Lane</u>			Street Address <u>6 Long Lane</u>											
City <u>N Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>N Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>									
Secretary Name <u>Lisa Fontes</u>			Treasurer Name <u>Steven Fontes</u>											
Street Address <u>Same</u>			Street Address <u>Same</u>											
City	State	Zip	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>50</u></td> <td><u>EMP</u></td> <td><u>0.000</u></td> </tr> <tr> <td><u>50</u></td> <td><u>RES</u></td> <td><u>0.000</u></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>50</u>	<u>EMP</u>	<u>0.000</u>	<u>50</u>	<u>RES</u>	<u>0.000</u>
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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 <u>Lisa Fontes</u>					Date <u>1-19-25</u>									
Signature of Authorized Representative <u>Lisa Fontes</u>														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FEB 27 2025

BY UPFES

AA 3:38pm

FORM 630- Revised: 12/2023