RI SOS Filing Number: 202577276040 Date: 7/30/2025 1:42:00 PM

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State of Rhode Island Department of State - Business Services Division					SECTAMP SETAMP		
Annual Report for the year: 2025 Corporation					200	FUR ETARY OF STATE	
•							
→ Filing period: February 1 ·→ Filing Fee: \$50.00	- May I				85D 140:2		
→ Penalty: Additional \$25.00	fee if form is no	ot filed by May 31.			22		
1. Entity ID Number		e of the Corporation)		*		
001335929	Fontaine	Fontaine Brothers & Associates Inc.					
Principal Office Address			City		State	Zip	
1061 Main St			Coven	itry	RI	02816	
	IC District			<u> </u>		02010	
4. NAICS Code		Brief description of the character of business conducted in R Description					
236110	Residenti	Residential Construction					
5. State of Incorporation	7						
RI							
7. List ALL officers (names and ad	ddresses)			Check the	box to indicate ar	attachment	
President Name Christopher Fontaine			Vice-President Name Joshua Fontaine				
·			Street Address				
Street Address 340 Log Bridge Rd			41 Capwell Ave				
City Coventry	State RI	^{Z₁p} 02816	City	entry	State RI	Zip	
Coordon Name		02010				02816	
Secretary Name Meagan Font	aine		rreasurer	Name David Lucke	е		
Street Address 340 Log Bridge Rd			Street Address 16 Ash Ave				
City Coventry	State RI	^{Zıp} 02816	City Cra	nston	State RI	Zip 02910	
8. List ALL directors (names and	addresses)	•	•	Check the	e box to indicate a	n attachment 🔲	
Director Name			Director Na	am e			
Street Address			Street Address				
offeet Address			Sileet Aud	11633			
City	State	Zip	City		State	Zip	
<u></u>						<u> </u>	
Director Name			Director Na	ame			
Street Address			Street Address				
City	State	Zip	City	-	State	Zıp	
		10.0					
		10. Shares Issi NUMBER OF			PAR VALUE		
Department of State.		100		Common 0			
Changes require an additional filing.		100		Common			
Augusta iadana an agamonsi milit	3,						
11. This report must be executed	on behalf of the	corporation by an a	uthorized rer	oresentative. If the co	rporation is in the	hands of a re-	
ceiver or trustee, this report must	be executed on	behalf of the corpor	ration by the	receiver or trustee.	•		
Under penalty of perjury, I declar statements, and that all statements			•	rt, including any acc	companying sche	dules and	
Name of Authorized Representati		nerem are uue an	u contci.		Date		

MAIL TO:

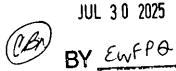
Division of Business Services

Signature of Authorized Representative

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

James Crosby



Jano K Carly

JUL 3 0 2025

07/30/2025