



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.

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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001335929		2. Exact name of the Corporation Fontaine Brothers & Associates Inc.			
3. Principal Office Address 1061 Main St			City Coventry	State RI	Zip 02816
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island Residential Construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Christopher Fontaine			Vice-President Name Joshua Fontaine		
Street Address 340 Log Bridge Rd			Street Address 41 Capwell Ave		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Meagan Fontaine			Treasurer Name David Lucke		
Street Address 340 Log Bridge Rd			Street Address 16 Ash Ave		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02910
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	0
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 James Crosby					Date 07/30/2025
Signature of Authorized Representative <i>James K Crosby</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUL 30 2025

(CB)

BY *EWFPB*

FORM 630- Revised: 12/2023