



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

FILED STAMP
MAY 23 2024
BY: *2858 OS*

1. Entity ID Number 000007158		2. Exact name of the Corporation FOUNTAIN MOVING & STORAGE INC				
3. Principal Office Address 235 WILBUR AVE		City CRANSTON		State RI	Zip 02921	
4. NAICS Code 484121		6. Brief description of the character of business conducted in Rhode Island MOVING AND STORAGE				
5. State of Incorporation RI						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name KEVIN ARPIN			Vice-President Name			
Street Address PO BOX 22997			Street Address			
City SAVANNAH	State GA	Zip 31403	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
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						
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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		600	COMMON		NO PAR	
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 KEVIN ARPIN			Date 4/30/24	
Signature of Authorized Representative <i>[Signature]</i>						

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov