



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 12430		2. Name of Corporation PARKSIDE FENCE, INC			
3. Street Address Principal Business Office 87 Drowne Street			City Cranston	State RI	Zip 02905
4. Business Phone No. 401-941-5480		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Erection of fences					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Harold Croft, III			Vice President Name Joan Croft		
Street Address 87 Drowne Street			Street Address 87 Drowne Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Harold Croft, III			Treasurer Name Joan Croft		
Street Address 87 Drowne Street			Street Address 87 Drowne Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Harold Croft, III			Director Name Joan Croft		
Street Address 87 Drowne Street			Street Address 87 Drowne Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	No par value		100	Common	None

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.

File Date **FILED**

Check No. **JAN 23 2008**

By: **13035**

FOR SECRETARY OF STATE USE ONLY

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.

Signature Harold Croft, III Date 1/21/08

Harold Croft, III  
Print or Type Name  
President  
Title