

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

2008

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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		ee of \$25.00.		<u></u>	
1. Corporate ID No. 13495	2. Name of Corporation	HC. Fence Co., Inc.			
3. Street Address Principal Business C	Office		City	State D.T.	Ztp 0.2.0.1.0
177 George Waterman Rd.			Johnston	RI	02919
231 6339			Rhode Island		
6. Brief Description of the Character		ren	cess, manufactu		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [] FILL IN SPAC	CES BEFORE USING AT	TACHMENTS
	ry A. Costai	ntino, Jr.		ry A. Costan	tino, Jr.
Street Address 7 Rice Street			Street Address Same		
City Johnston	State R I	^{Zφ} 02919	city same	same same	same
Secretary Name Maria Costantino			Treasurer Name Maria Costantino		
Street Address			Street Address Same		
Cuy same	State Same	z _{ip} same	city same	State same	zip same
8. NAMES AND ADDRESSES		 S:	: ACHMENT) [] FILL IN SP.	ACES BEFORE USING	ATTACHMENTS
Director Name Harry A. Costanino, Jr.			Director Name Maria A. Costantino		
Street Address same			Street Address Same		
City same	State same	Zip same	^{City} same	State same	zpame
Director Name	. 		Director Name		
Street Address			Street Address		
City:	State	Zip	Сиу	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTAC	CHMENT)	10. SHARES ISSUED ("X ISSUED SHARES — THIS SECTIO		MENT)
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
600 no par		ommon	100	common	none
This report must be executed	on behalf of the corr	poration by an authorize	d representative. If the corpo	oration is in the hands o	of a receiver or trustee,
this report must be executed	on behalf of the corp	oration by the receiver	or trustee.		
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11.40					42.
			Under penalty of perju	ry, I declare and affirm tha	t I have examined this report,
		. "			ments, and that all statements
	n		contained herein are tr	or and correct.	2 he 1250
File Date	<u>J</u>		Signature J	1 Catter ho	Date
Check No. JAN 25 2	2008		Harr	-	inO, Jr.
By: By S	5131-		Print or Type Name Pres	ident	
FOR SECRETARY OF ST	ATE USE ONLY		Title	******	Power 630 Pay 12/06