



**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**  
**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. 135304			2. Name of Corporation CLASSIC FENCE, INC.		
3. Street Address Principal Business Office 233 WEST LOG BRIDGE ROAD			City COVENTRY		State RI
4. Business Phone No. 401-397-8530			5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island TO BUILD, INSTALL AND MAINTAIN FENCES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name VICTOR DASILVA, SR.			Vice President Name JUSTIN POMBO		
Street Address 233 WEST LOG BRIDGE ROAD			Street Address 233 WEST LOG BRIDGE ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name VICTOR DASILVA, SR.			Treasurer Name JUSTIN POMBO		
Street Address 233 WEST LOG BRIDGE ROAD			Street Address 233 WEST LOG BRIDGE ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name VICTOR DASILVA, SR.			Director Name JUSTIN POMBO		
Street Address 233 WEST LOG BRIDGE ROAD			Street Address 233 WEST LOG BRIDGE ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
COVENTRY	RI	02816	COVENTRY	RI	02816
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
1,000	COMMON	NO PAR	100	COMMON	NO PAR

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.

FILED  
 File Date \_\_\_\_\_  
 Check No. FEB 29 2008  
 By DS 1579  
 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.

contained herein are true and correct.

Victor D. Silva SR PRESIDENT 2-27-08  
Signature Date

VICTOR DASILVA, SR.  
Print or Type Name

PRESIDENT  
Title