



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2013

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000790052		2. Exact name of the Corporation Professional World Fence Inc		
3. Principal office address 90 Laurel Hill Ave		City Providence	State RI	Zip 02909
4. Business Phone No. 401 808 4023		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Landscaping and construction				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Melissa Herrera		Vice-President Name Jose Herrera		
Street Address 90 Laurel Hill Ave		Street Address 90 Laurel Hill Ave		
City Providence	State RI	Zip 02909	City Providence	State RI
Secretary Name Melissa Herrera		Treasurer Name Melissa Herrera		
Street Address 90 Laurel Hill Ave		Street Address 90 Laurel Hill Ave		
City Providence	State RI	Zip 02909	City Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Alica Herrera		Director Name		
Street Address 164 Wood St		Street Address		
City Providence	State RI	Zip 02909	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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 _____

Check No _____

By: _____

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.

FILED

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Melissa Herrera
Signature of Authorized Representative

7-8-13
Date

FOR SECRETARY OF STATE USE ONLY

JUL 08 2013

Melissa Herrera
Print or Type Name of Authorized Representative

BY D 201030