

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address Street Address City State Zip City State Zip	1. Entity ID No. 162303	2. Exact name of the limited liability company Fence Depot, LLC					
249 Child Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Keith Stephenson Street Address 249 Child Street 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State City State City State Street Address Street Address		·					
Contact Name Keith Stephenson Street Address 249 Child Street 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Street Address						Zip 02885	
Street Address City Warren State RI D2885	6. MAILING ADDRESS O	F LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
249 Child Street 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City Manager Name Manager Name Street Address Street Address Street Address Street Address Street Address	Contact Name			***************************************			
Manager Name Street Address City State Zip Manager Name City State Zip Manager Name Manager Name Street Address Street Address Street Address							
Street Address City State Zip City State Zip Manager Name Street Address Street Address			RESSES) OF THE	LIMITED LIABILITY COMPANY	IF APPLICABLE - <u>Do</u>	Note 451 MEMBERS	
City State Zip City State Zip Manager Name Manager Name Street Address Street Address				Manager Name			
Manager Name Manager Name Street Address Street Address	Street Address			Street Address			
Street Address Street Address	City	State	Zip	City	State	Zip	
	Manager Name			Manager Name			
City State Zip City State Zip	Street Address			Street Address			
	City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND							
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is curre	ntly of record in the	e Office of the Sec	retary of State. Changes requir	e filing Form 642.		

FILED

NOV 18 2014

BY 40702

File Date	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/		
Check No	Signature of Authorized Person	//////////////////////////////////////	
FOR SECRETARY OF STATE USE ONLY	Keith Stephenson	,	
ron deune ian i or diale ude unti	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012