

## 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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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.		ne of the Corporation					
654668	Liberty	Liberty Fence, Inc.					
3. Principal office address 367 Blackrock Road			City Coventry	State RI	Zip <b>02816</b>		
4. Business Phone No. (401) 615-8380			5. State of incorporation Rhode Island				
Brief description of the Fence Installation		s conducted in Rhode Island	d				
ALISTIA - TOPRIOERE (NAMES AND ADDRESSES) (CXC SO) (FOR A							
President Name Justin Czar			Vice-President Name Vacant				
Street Address 367 Blackrock Road			Street Address				
Coventry	State RI	Zip 02816	City State		Zip		
Secretary Name Justin Czar			Treasurer Name Justin Czar				
treet Address 367 Blackrock Ro	ad		Street Address 367 Blackrock Ro	pad			
Coventry	State RI	Zip <b>02816</b>	City State Coventry RI		Zip 02816		
LIST ALL DIRECTOR: Director Name Justin Czar	s (Mames and Add	RESSES) ("X", BOX FOR	ATTACHMENT) Director Name		Burgasal Samulate di p		
Street Address 367 Blackrock Road			Street Address				
Coventry	State RI	Zip <b>02816</b>	City State Zip		Zip		
rector Name			Director Name				
Street Address			Street Address				
ity	State	Zip	City State		Zip		
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ols information is currently of record in the Office of the Secretary  State. Changes require an additional filing.  See Section 9 of instruction sheet.		100 No par value	Common	no par			
his report must be exec		corporation by an authorize st be executed on behalf of			s of a receiver or truste		
FILE DATE:			Under penalty of perj	ury, I declare and affi apy accompanying s	rm that I have examine chedules and stateme re true and correct.		

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**FILED** 

Signature of Authorized Representative

Justin Czar

Date

- Justini

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012 FEB 2 5 2016 RV KL 7959