



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 120213		2. Exact name of the Corporation Mobile Fencing, Inc.			
3. Principal Office Address 81 Pilsudski Street		City Providence		State RI	Zip 02909
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island Transport and assembly of temporary fencing.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William E. Hogan, III			Vice-President Name Ryan Hogan		
Street Address 81 Pilsudski Street			Street Address 81 Pilsudski Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Ryan Hogan			Treasurer Name William E. Hogan, III		
Street Address 81 Pilsudski Street			Street Address 81 Pilsudski Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William E. Hogan, III			Director Name Ryan Hogan		
Street Address 81 Pilsudski Street			Street Address 81 Pilsudski Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	Common	\$0.01	
11. 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. 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.					
Name of Authorized Representative William E. Hogan, III				Date 3/8/17	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

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FORM 630 - Revised: 10/2016