



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2017  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |   |                                 |                        |                     |
|---|-------|---|---------------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><u>16008730</u>  |       | 2. Exact name of the Limited Liability Company<br><u>Lynch Fence Co LLC</u>   |                                 |                        |                     |
| 3. NAICS Code<br><u>238990</u>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Fence Installation</u><br><u>Fence Repair</u> |                                 |                        |                     |
| 5. State of Formation<br><u>Rhode Island</u>  |       |   |                                 |                        |                     |
| 6. Principal Office Address<br><u>781 Victory Hwy</u>   |       |   | City<br><u>North Smithfield</u> | State<br><u>RI</u>     | Zip<br><u>02896</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                                 |                        |                     |
| Contact Name<br><u>Jamie Lynch Sr</u>   |       |   | Contact Title<br><u>owner</u>   |                        |                     |
| Street Address<br><u>781 Victory Hwy</u>  |       |   | City<br><u>North Smithfield</u> | State<br><u>RI</u>     | Zip<br><u>02896</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                                 |                        |                     |
| Manager Name  |       | Manager Name  |                                 |                        |                     |
| Street Address  |       | Street Address  |                                 |                        |                     |
| City  | State | Zip   | City                            | State                  | Zip                 |
| Manager Name  |       | Manager Name  |                                 |                        |                     |
| Street Address  |       | Street Address  |                                 |                        |                     |
| City  | State | Zip   | City                            | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                                 |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |                                 |                        |                     |
| <b>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.</b> |       |   |                                 |                        |                     |
| Name of Authorized Person<br><u>Jamie Lynch Sr</u>  |       |   |                                 | Date<br><u>9/06/17</u> |                     |
| Signature of Authorized Person<br><u>Jamie Lynch Sr</u> SIGN DOCUMENT HERE  |       |   |                                 |                        |                     |

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

**FILED**  
 SEP 14 2017  
 BY 1915 QS