



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

2018 FEB 23 AM 8:33
 RECEIVED
 SECRETARY OF
 CORPORATION
 02777

1. Entity ID Number 506271		2. Exact name of the Corporation Foxx Fence, Inc.			
3. Principal Office Address 94 Gardners Neck Road			City Swansea	State MA	Zip 02777
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Installation and repair of fencing			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Alphonse Silvia			Vice-President Name None		
Street Address 94 Gardners Neck Road			Street Address		
City Swansea	State MA	Zip 02777	City	State	Zip
Secretary Name Alphonse Silvia			Treasurer Name Alphonse Silvia		
Street Address 94 Gardners Neck Road			Street Address 94 Gardners Neck Road		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Alphonse Silvia			Director Name		
Street Address 94 Gardners Neck Road			Street Address		
City Swansea	State MA	Zip 02777	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par
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 Alphonse Silvia				Date 1-23-18	
Signature of Authorized Representative <i>Alphonse Silvia</i>				SIGN DOCUMENT HERE FEB 23 2018 7031981	