State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

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

STAMP

RECEIVED
SECRETARY OF STATE
CORPORATION
2018 FEB 13 AM 8:30

1. Entity ID Number	2. Exact name of the Corporation		
506271	Foxx Fence, Inc.		
3. Principal Office Address	City	State	Zip
94 Gardners Neck Road	Swansea	MA	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

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	CLASS/SERIES	PAR VALUE
100	Common	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

FILED

Date: 1-03-18

Signature of Authorized Representative: Alphonse Silvia

FEB 23 2018

SIGN DOCUMENT HERE

BY: 7031981

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

FORM 630 - Revised: 10/2017