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.

1. Entity ID Number	2. Exact name of the Corporation			
124993	The Fence Specialist, Inc.			
3. Principal Office Address		City	State	Zip
101Dexter Road		East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423310	Buy and sell lumber and fence products wholesale			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jeffrey Meek			Vice-President Name: None		
Street Address: 101 Dexter Road			Street Address:		
City: East Providence	State: RI	Zip: 02914	City:	State:	Zip:
Secretary Name: Joffrey Meek			Treasurer Name: Robin Meek		
Street Address: 101 Dexter Road			Street Address: 101 Dexter Road		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SHARES	PAR VALUE
1,000	Common	.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	Date
Joffrey Meek	2/22/2018

Signature of Authorized Representative

FILED

FEB 28 2018

BY 383315

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