



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED) OR PRINTED IN BLACK)

1. Corporate ID No. 122159		2. Name of Corporation SOUTH COUNTY FENCE COMPANY INC.			
3. Street Address Principal Business Office 50 LAMBERT STREET		City NARRAGANSETT	State RI.	Zip 02882	
4. Business Phone No. (401) 789-8946		5. State of Incorporation RHODE ISLAND			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island FENCE INSTALLATIONS AND SALES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRIAN G. McNeiece			Vice President Name NONE		
Street Address 50 LAMBERT STREET			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-14-05
Check No.: 1826
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature]
Date: 1/13/05
Print or Type Name of Officer: BRIAN McNeiece
Title of Officer: PRESIDENT



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3. Street Address Principal Business Office 50 LAMBERT STREET			City NARRAGANSETT	State RI	Zip 02882
4. Business Phone No 401 789-8946		5. State of Incorporation RHODE ISLAND			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island FENCE INSTALLATIONS AND SALES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRIAN G. MCNEELEE			Vice President Name CHARLES G. MCNEELEE		
Street Address 50 LAMBERT STREET			Street Address 10 CALEF AVE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Secretary Name TAMMY J. MCNEELEE			Treasurer Name		
Street Address 50 LAMBERT STREET			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		"NONE"		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 2 1 5 9 *

File Date 1/13/04
 Check No. 1509
 By: MB

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/2/04
 Signature of Officer Date
 BRIAN G MCNEELEE
 Print or Type Name of Officer
 PRESIDENT
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **122159** 2. Name of Corporation **SOUTH COUNTY FENCE COMPANY INC.**
 3. Street Address Principal Business Office **50 LAMBERT STREET** City **NARRAGANSETT** State **RI** Zip **02882**
 4. Business Phone No. **(401) 789-8946** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0885**
 7. Brief Description of the Character of Business Conducted in Rhode Island **FENCE INSTALLATION**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name BRIAN McNeiece	Vice President Name
Street Address 50 LAMBERT STREET	Street Address
City NARRAGANSETT State RI Zip 02882	City State Zip
Secretary Name TAMMY McNeiece	Treasurer Name CHARLES G. McNeiece JR
Street Address 50 LAMBERT STREET	Street Address 50 LAMBERT STREET
City NARRAGANSETT State RI Zip 02882	City NARRAGANSETT State RI Zip 02882

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
 Number of Shares Class/Series Par Value
NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 2 1 5 9 *

File Date: **1-28-03**
 Check No.: **1206**
 By: **UP**

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.

Signature of Officer **[Signature]** Date **1/9/03**
 Print or Type Name of Officer **BRIAN McNeiece**
 Title of Officer **PRESIDENT**