



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 21 2023

56203 *W*

1. Entity ID Number 55313		2. Exact name of the Corporation Wood & Wire Fence Co., Inc.			
3. Principal Office Address 125 Higginson Avenue		City Lincoln		State RI	Zip 02865
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Sell and install fence materials			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Timothy Martins		Vice-President Name Peter J. Martins			
Street Address 125 Higginson Avenue		Street Address 125 Higginson Avenue			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Peter J. Martins		Treasurer Name Peter J. Martins			
Street Address 125 Higginson Avenue		Street Address 125 Higginson Avenue			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Timothy Martins		Director Name Peter J. Martins			
Street Address 125 Higginson Avenue		Street Address 125 Higginson Avenue			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		4000		Common	\$1.00
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. <i>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.</i>					
Name of Authorized Representative Timothy Martins				Date 2/10/23	
Signature of Authorized Representative 					

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: 11/2021