



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 22 2024

BY

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 120213		2. Exact name of the Corporation Mobile Fencing, Inc.			
3. Principal Office Address 81 Pilsudski Street		City Providence		State RI	Zip 02909
4. NAICS Code 485999		6. Brief description of the character of business conducted in Rhode Island Transport and assembly of temporary fencing.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name William E. Hogan, III			Vice-President Name Ryan Hogan		
Street Address 81 Pilsudski Street			Street Address 81 Pilsudski Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Ryan Hogan			Treasurer Name William E. Hogan, III		
Street Address 81 Pilsudski Street			Street Address 81 Pilsudski Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name William E. Hogan, III			Director Name Ryan Hogan		
Street Address 81 Pilsudski Street			Street Address 81 Pilsudski Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE \$0.01
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. <b>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.</b>					
Name of Authorized Representative William E. Hogan, III				Date 3/15/2024	
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: 12/2023