



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2024

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SECRETARY OF STATE
CORPORATIONS DIV

2024 JUN 17 PM 3:28

- 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 001725295		2. Exact name of the Corporation DA FENCE MAN INC	
3. Principal Office Address 6 BEATON ST		City COVENTRY	State RI
		Zip 02816	
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island FENCE REMOVAL (IF NECESSARY) AND ERECTION OF NEW FENCE CONSTRUCTION		
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 ROBERT W ANTONELLI		Vice-President Name N/A	
Street Address 6 BEATON ST		Street Address	
City COVENTRY	State RI	Zip 02816	
Secretary Name DIONNE ANTONELLI		Treasurer Name	
Street Address 6 BEATON ST		Street Address	
City COVENTRY	State RI	Zip 02816	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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 100	CLASS/SERIES D
			PAR VALUE
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 Robert W. Antonelli		Date 6/12/24	
Signature of Authorized Representative <i>Robert W. Antonelli</i>			

FILED

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

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BY **ZHGDV**
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