



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2024 JUN 17 PM 3:28

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.

1. Entity ID Number 001725295	2. Exact name of the Corporation DA FENCE MAN INC
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3. Principal Office Address 6 BEATON ST	City COVENTRY	State RI	Zip 02816
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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	City	State	Zip
Secretary Name DIONNE ANTONELLI			Treasurer Name		
Street Address 6 BEATON ST			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip

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	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 <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES
	100	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 Antonelli</i>	

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

FILED

JUN 17 2024

BY ZHG/DV

AA. 3:29pm.

FORM 330- Revised: 12/2023