



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 18485		2. Exact name of the Corporation THE PICKET FENCE, INC.						
3. Principal office address 24 BOSWORTH STREET, SUITE 1		City BARRINGTON		State RI	Zip 02806			
4. Business Phone No. (401) 245-0484		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island BUYING AND SELLING MILLINERY AND NEEDLEWORK SUPPLIES								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>								
President Name LINDA HARRISON			Vice-President Name H. ALLEN HARRISON					
Street Address 34 TOBIN LANE			Street Address 34 TOBIN LANE					
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809			
Secretary Name H. ALLEN HARRISON			Treasurer Name LINDA HARRISON					
Street Address 34 TOBIN LANE			Street Address 34 TOBIN LANE					
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>								
Director Name H. ALLEN HARRISON			Director Name LINDA HARRISON					
Street Address 34 TOBIN LANE			Street Address 34 TOBIN LANE					
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809			
Director Name NONE			Director Name NONE					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED								
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>								
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						600	COMMON	NO PAR VALUE

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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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BY

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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.

Linda Harrison 2/26/2015
Signature of Authorized Representative Date

LINDA HARRISON, PRESIDENT

Print or Type Name of Authorized Representative