



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 26 2021

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1. Entity ID Number 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. NAICS Code 451130		6. Brief description of the character of business conducted in Rhode Island Buying and selling millinery and needlework supplies			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
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) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600	Common	No 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 Linda Harrison					Date 2-20-2021
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.n.gov

FORM 630 - Revised: 08/2020