



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 11 2025

BY 396

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 <input type="checkbox"/>					
President Name Linda Harrison			Vice-President Name H. Allen Harrison		
Street Address 78 Windward Lane			Street Address 78 Windward Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name H. Allen Harrison			Treasurer Name Linda Harrison		
Street Address 78 Windward Lane			Street Address 78 Windward 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 <input type="checkbox"/>					
Director Name Linda Harrison			Director Name H. Allen Harrison		
Street Address 78 Windward Lane			Street Address 78 Windward 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 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/STRIKES		
			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 4-3-2025
Signature of Authorized Representative <i>Linda Harrison</i>					

MAIL TO:

Division of Business Services

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