

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212512621

1.) CORPORATION NAME:

Portrait Innovations, Inc.

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F1583899**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2016 AYRSLEY TOWN BLVD
STE 200

CITY/ST/ZIP: CHARLOTTE, NC 28273

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN GROSSO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2016 AYRSLEY TOWN BLVD SUITE 200		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273		

NAME:	SUSAN M TABLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-FINANCE/T		
ADDRESS:	10710 SIKES PLACE STE 120		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277		

NAME:	JOHN DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2016 AYRSLEY TOWN BLVD STE 200		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273		

NAME:	WILLIAM K BAILEY II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	2016 AYRSLEY TOWN BLVD STE 200		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273		

NAME:	TOM HENSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2016 AYRSLEY TOWN BLVD STE 200		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273		

NAME: John J Grosso, III TITLE: DIRECTOR ADDRESS: 2016 Ayrslay Town Blvd, Ste 200 CITY/ST/ZIP/CO: Charlotte, NC 28273	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Robert Venetucci TITLE: VICE PRESIDENT ADDRESS: 2016 Ayrslay Town Blvd, Ste 200 CITY/ST/ZIP/CO: Charlotte, NC 28273	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Michael Balm TITLE: DIRECTOR ADDRESS: 2016 Ayrslay Town Blvd, Ste 200 CITY/ST/ZIP/CO: Charlotte, NC 28273	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ WILLIAM K BAILEY II	WILLIAM K BAILEY II, CFO	4/6/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		