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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
137220	HARRIS PLUMBING & HEATING, INC.

3. Street Address Principal Business Office	City	State	Zip
9 WOOD RIDGE ROAD	NARRAGANSETT	RI	02882

4. Business Phone No.	5. State of Incorporation
401-261-0944	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
PLUMBING & HEATING REPAIRS, SUPPLIES

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
James A.Harris	Patricia Harris
Street Address: 9 Wood Ridge Road	Street Address: 9 Wood Ridge Road
City: Narragansett / State: RI / Zip: 02882	City: Narragansett / State: RI / Zip: 02882
Secretary Name	**Treasurer Name**
Patricia Harris	James A.Harris
Street Address: 9 Wood Ridge Road	Street Address: 9 Wood Ridge Road
City: Narragansett / State: RI / Zip: 02882	City: Narragansett / State: RI / Zip: 02882

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
James A. Harris	Patricia Harris
Street Address: 9 Wood Ridge Road	Street Address: 9 Wood Ridge Road
City: Narragansett / State: RI / Zip: 02882	City: Narragansett / State: RI / Zip: 02882
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED (ATTACH LIST FOR ANY CHANGE) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
600	Common	None
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

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.

Signature 2-27-09 *Date*

James A.Harris
Print or Type Name

[redacted] President
Title

Form 630 Rev. 08/08

FOR SECRETARY OF STATE USE ONLY

FILED

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