



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

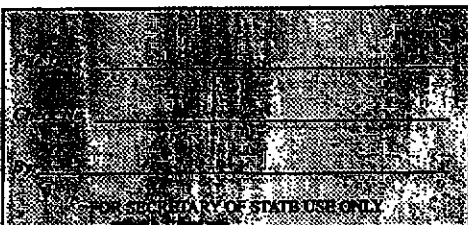
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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 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. 137220		2. Name of Corporation HARRIS PLUMBING & HEATING, INC.			
3. Street Address Principal Business Office 9 WOOD RIDGE ROAD			City NARRAGANSETT	State RI	Zip 02882
4. Business Phone No. 401-261-0944		5. State of Incorporation 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 James A. Harris			Vice President Name 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 Patricia Harris			Treasurer Name 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 James A. Harris			Director Name 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
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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 600	Class/Series Common	Par Value 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.



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 James A. Harris Date 2-27-09

James A. Harris

Print or Type Name

President

Title

Form 630 Rev. 08/08

FILED

MAR 02 2009

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