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

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 2012

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(e), 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. 146458	*2. Name of Corporation* Harris Investments, Ltd.		
3. Street Address Principal Business Office 204 Mattity Road	*City* North Smithfield	*State* RI	*Zip* 02896
4. Business Phone No. 401-413-5458	*5. State of Incorporation* Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island To operate a trucking, hauling, plowing, delivery business			

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

President Name Tonya Harris			*Vice President Name* Michael Harris		
Street Address 204 Mattity Road			*Street Address* 204 Mattity Road		
City North Smithfield	*State* RI	*Zip* 02896	*City* North Smithfield	*State* RI	*Zip* 02896
Secretary Name Tonya Harris			*Treasurer Name* Michael Harris		
Street Address 204 Mattity Road			*Street Address* 204 Mattity Road		
City North Smithfield	*State* RI	*Zip* 02896	*City* North Smithfield	*State* RI	*Zip* 02896

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

Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000 NO PAR VALUE		

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
1000	common	no par

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]

FILED

File Date JAN 12 2012

Check No.

By: V 2521

FOR SECRETARY OF STATE USE ONLY

[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.

Tonya Harris 1-5-12

Signature *Date*

Tonya Harris

Print or Type Name

[redacted] PRESIDENT

Title

72021-53-686754

Form 630 Rev. 12/06