



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) <input type="checkbox"/> 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
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
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1000	NO 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.

FILED

File Date: JAN 12 2012
 Check No. _____
 By: TV 25021
 FOR SECRETARY OF STATE USE ONLY

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
 PRESIDENT
 Title