



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2011

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>152517</b>		2. Exact name of the Corporation <b>HARRISON PAINTING &amp; PROPERTY MANAGEMENT, INC.</b>			
3. Principal office address <b>6 GARDEN AVENUE</b>		City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	
4. Business Phone No. <b>401-473-7059</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>BUY, SELL, MANAGE REAL ESTATE, PAINTING AND REMODELING</b>					
President Name <b>PAUL HARRISON</b>			Vice-President Name		
Street Address <b>6 GARDEN AVENUE</b>			Street Address		
City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	City	State	Zip
Secretary Name <b>PAUL HARRISON</b>			Treasurer Name <b>PAUL HARRISON</b>		
Street Address <b>6 GARDEN AVENUE</b>			Street Address <b>6 GARDEN AVENUE</b>		
City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>
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
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	CLASS/SERIES	PAR VALUE
			100	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**

**FEB 06 2013**

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.

*Paul Harrison* **2-4-13**  
Signature of Authorized Representative Date

**PAUL HARRISON**

Print or Type Name of Authorized Representative

*29-189365*