



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 **2013**

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. 137220		2. Exact name of the Corporation Harris Plumbing & Heating, Inc.			
3. Principal office address 9 Woodridge 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 and heating repairs, supplies.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James A. Harris			Vice-President Name Patricia Harris		
Street Address 9 Woodridge Road			Street Address 9 Woodridge 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 Woodridge Road			Street Address 9 Woodridge Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name James A. Harris			Director Name		
Street Address 9 Woodridge Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			600	common	none

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 28 2013

BY 191387

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 of Authorized Representative

Date

James A. Harris/President

Print or Type Name of Authorized Representative