



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

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 15679		2. Name of Corporation A. HARRISON & CO. INC.			
3. Street Address Principal Business Office 35 HURDIS ST.			City N. PROVIDENCE	State R.I.	Zip 02904
4. Business Phone No. 401-725-7450		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD R. HARRISON			Vice President Name H. ALLEN HARRISON		
Street Address 9 EDGEWOOD DRIVE			Street Address 14 CHELSEA DRIVE		
City BARRINGTON,	State R.I.	Zip 02806	City SEEKONK,	State MASS.	Zip 02771
Secretary Name H. ALLEN HARRISON			Treasurer Name RICHARD R. HARRISON		
Street Address 14 CHELSEA DRIVE			Street Address 9 EDGEWOOD DRIVE		
City SEEKONK,	State MASS.	Zip 02771	City BARRINGTON,	State R.I.	Zip 02806
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RICHARD R. HARRISON			Director Name H. ALLEN HARRISON		
Street Address 9 EDGEWOOD DRIVE			Street Address 14 CHELSEA DRIVE		
City BARRINGTON,	State R.I.	Zip 02806	City SEEKONK,	State MASS.	Zip 02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 10,000	Class/Series	Par Value 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.

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 *Richard R. Harrison* Date _____
RICHARD R. HARRISON
Print or Type Name
PRESIDENT
Title

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 11 2014

BY **8509**