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

A. 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 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	2. Name of Corporation		
15679	A. HARRISON & CO. INC.		
3. Street Address Principal Business Office	City	State	Zip
35 HURDIS ST.	N. PROVIDENCE	R.I.	02904
4. Business Phone No	5. State of Incorporation		
401-725-7450	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	Street Address	City	State	Zip
RICHARD R. HARRISON	9 EDGEWOOD DRIVE	BARRINGTON,	R.I.	02806
Vice President Name	**Street Address**	**City**	**State**	**Zip**
H. ALLEN HARRISON	14 CHELSEA DRIVE	SEEKONK,	MASS.	02771
Secretary Name	**Street Address**	**City**	**State**	**Zip**
H. ALLEN HARRISON	14 CHELSEA DRIVE	SEEKONK,	MASS.	02771
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
RICHARD R. HARRISON	9 EDGEWOOD DRIVE	BARRINGTON,	R.I.	02806

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

Director Name	Street Address	City	State	Zip
RICHARD R. HARRISON	9 EDGEWOOD DRIVE	BARRINGTON,	R.I.	02806
Director Name	**Street Address**	**City**	**State**	**Zip**
H. ALLEN HARRISON	14 CHELSEA DRIVE	SEEKONK,	MASS.	02771
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

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
10,000		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.

[redacted] [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.

Signature _____ 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 [redacted]

Form 630 Rev. 08/08