



**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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |  |                         |       |     |
|---|-------|--|-------------------------|-------|-----|
| 1. Entity ID No.<br>000658931   |       | 2. Exact name of the limited liability company<br>Harrison Engineering, LLC                |                         |       |     |
| 3. State of Formation<br>OR   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Engineering |                         |       |     |
| 5. Principal office address<br>8551 Boat Club Rd, Suite 121-195 Fort Worth TX 76179   |       |  |                         |       |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |  |                         |       |     |
| Contact Name<br>Samantha Harrison   |       |  | Contact Title<br>Member |       |     |
| Street Address<br>8551 Boat Club Rd Ste 121-195 Fort Worth TX 76179   |       |  |                         |       |     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |  |                         |       |     |
| Manager Name  |       | Manager Name   |                         |       |     |
| Street Address  |       | Street Address   |                         |       |     |
| City  | State | Zip  | City                    | State | Zip |
| Manager Name  |       | Manager Name   |                         |       |     |
| Street Address  |       | Street Address   |                         |       |     |
| City  | State | Zip  | City                    | State | Zip |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |  |                         |       |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |  |                         |       |     |

**FILED**  
 SEP 21 2015

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

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.

*Samantha Harrison* 9/16/15  
 Signature of Authorized Person Date

Samantha Harrison  
 Print or Type Name of Authorized Person