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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.	2. Exact name of the limited liability company		
000543425	HARRISVILLE MAIN, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	REAL ESTATE INVESTMENTS BUY, SELL & RENT REAL ESTATE		
5. Principal office address	City	State	Zip
PO BOX 29	HARRISVILLE	RI	02830
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name	Contact Title		
WILLIAM LAPIERRE	MANAGER		
Street Address	City	State	Zip
1148 Victory Hwy	OAKLAND	RI	02858
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name	Manager Name		
WILLIAM LAPIERRE			
Street Address	Street Address		
1148 Victory Hwy			
City / State / Zip	City / State / Zip		
OAKLAND / RI / 02858			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

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BY CR 261218 1:10

2015 NOV 16 PM 1:07
RI SECRETARY OF STATE
CORPORATIONS DIVISION

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.

William C. Lapierre 11-9-15
Signature of Authorized Person Date

William C. Lapierre
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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