



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

2016

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. 15669		2. Exact name of the Corporation William N. Harris, Inc.	
3. Principal office address 135 Pine Hill Road		City Scituate	State RI
		Zip 02857	
4. Business Phone No.		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Mechanical Contractor			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name William N. Harris, Jr.		Vice-President Name William N. Harris, Jr.	
Street Address 135 Pine Hill Road		Street Address 135 Pine Hill Road	
City Scituate	State RI	City Scituate	State RI
Zip 02857		Zip 02857	
Secretary Name William N. Harris, Jr.		Treasurer Name William N. Harris, Jr.	
Street Address 135 Pine Hill Road		Street Address 135 Pine Hill Road	
City Scituate	State RI	City Scituate	State RI
Zip 02857		Zip 02857	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
100		Common	No Par

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 of Authorized Representative

Date

Print or Type Name of Authorized Representative

FILED

FEB 22 2016

By

15625245

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY