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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
000113493	Harris Realty Trust, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53	Real Estate				
5. State of Formation					
RI					.
6. Principal Office Address		C i	City	State	Zip
272 West Exchange St			Prividence	1K)	87983
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Tara Capuano			Contact Title Managing Momber		
Street Address 101 Be	mont	Dr	City St. Johns	State	Zip 37259
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City 1	State	Zin	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Tara Caphano				Date 3/1	117
Signature of Authorized Person SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website; www.sos.ri.gov FILED

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