



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR 27 AM 11:44

Annual Report for the year: 2016
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 <u>000113443</u>		2. Exact name of the Limited Liability Company <u>Harris Realty Trust, LLC</u>			
3. NAICS Code <u>53</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>272 West Exchange St.</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02903</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Tara Capuano</u>			Contact Title <u>Managing Member</u>		
Street Address <u>101 Belmont Dr.</u>		City <u>St. Johns</u>	State <u>FL</u>	Zip <u>32259</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Tara Capuano</u>			Manager Name <u>Tara Capuano</u>		
Street Address <u>101 Belmont Dr.</u>			Street Address <u>101 Belmont Dr.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
Manager Name <u>Tara Capuano</u>			Manager Name <u>Tara Capuano</u>		
Street Address <u>101 Belmont Dr.</u>			Street Address <u>101 Belmont Dr.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
Check the box to indicate an attachment <input type="checkbox"/>					
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 <u>Tara Capuano</u>				Date <u>3/1/17</u>	
Signature of Authorized Person <u>Tara Capuano</u> 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 11:45

MAR 27 2017

BY 899349