RI SOS Filin	· ·) Date: 1/	16/2018 4:00:00) PM _	
Department of Sta	ite - Busines		Division		RECE	IMED [*]
nnual Report for the year: 2018 orporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.			_	S:	ECRETAR' CORPORA	IVED Y OF STATE TIONS DIV
			2018 JAN 16 AM 9: 45			
. Entity ID Number	2. Exact name of the Corporation					
137220	Harris Plumbing & Heating, Inc.					
Principal Office Address Woodridge Road			City Narraganse	ett	State RI	Zip 02882
NAICS Code A 38220 State of Incorporation Rhode Island	6. Brief description of the character of business conducted in Rhode Island Plumbing and Heating repairs, supplies					
List ALL officers (names and ad-	Check the box to indicate an attachment					
resident Name James A. Harris			Vice-President Name Patricia Harris			
reet Address 9 Woodridge Road			Street Address 9 Woodridge Road			
Narragansett	State RI	^{Zip} 02882	City Narraga		State RI	^{Zip} 02882
ecretary Name Patricia Harris			Treasurer Name James A. Haris			
treet Address 9 Woodridge Road			Street Address 9 Woodridge Road			
Narragansett	State RI	Zip 02882	City Narraga	insett	State RI	^{Zip} 02892
List ALL directors (names and addresses) arector Name James A. Harris			Check the box to indicate an attachment Director Name			
treet Address 9 Woodridge Road	Street Address					
Narragansett	State RI	Zıp 02882	City		State	Zip
prector Name			Director Name			
treet Address	Street Address					
lity	State	Zip	City		State	Zıp
. Shares Authorized 10. Shis information is currently of record in the		10. Shares Iss	sued Chec OF SHARES CLASS/SERI		ck the box to indicate an attachment PAR VALUE	
epartment of State.		600		Common		No par value
hanges require an additional filing						
This report must be executed crustee, this report must be execut	ed on behalf of th	ne corporation by	the receiver or to	rustee		
Inder penalty of perjury, I decla tatements, and that all stateme lame of Authorized Representativ	nts contained h	erein are true ar	ed uns report, i id correct.		Date	oneuurea enu
James A. Harris		12-20-17				
ignature of Authorized Represen	tative	SIGN DO	SAME N SHE	RE	FILED	

MAIL TO:

Division of Business Services

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

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

JAN 1 6 2018

807 (FORM 630 - Revised: 10/2016