



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

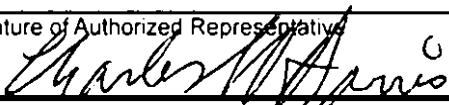
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 04 2019

BY

13992 LD

1. Entity ID Number <b>15621</b>		2. Exact name of the Corporation <b>HARRIS CONSTRUCTION, INC.</b>			
3. Principal Office Address <b>Saw Mill Road - P.O. Box 398</b>		City <b>Harmony</b>		State <b>RI</b>	Zip <b>02829</b>
4. NAICS Code <b>238910</b>		6. Brief description of the character of business conducted in Rhode Island <b>General contracting; sales of sand and gravel; log sawing; sales of firewood</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Charles W. Harris</b>			Vice-President Name <b>Charles W. Harris, Jr.</b>		
Street Address <b>19 Harris Way</b>			Street Address <b>32 Harris Way</b>		
City <b>Harmony</b>	State <b>RI</b>	Zip <b>02829</b>	City <b>Harmony</b>	State <b>RI</b>	Zip <b>02829</b>
Secretary Name <b>Susan L. Harris</b>			Treasurer Name <b>Elizabeth A. Harris</b>		
Street Address <b>32 Harris Way</b>			Street Address <b>19 Harris Way</b>		
City <b>Harmony</b>	State <b>RI</b>	Zip <b>02829</b>	City <b>Harmony</b>	State <b>RI</b>	Zip <b>02829</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>130</b>	<b>Common</b>	<b>No Par Value</b>	
11. 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.					
<b>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.</b>					
Name of Authorized Representative <b>Charles W. Harris, President of HARRIS CONSTRUCTION, INC.</b>					Date <b>February 28, 2019</b>
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017