

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



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

2019 AUG 30 A 11:20

Annual Report for the year: 2019 (Amended)
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000994412		2. Exact name of the Corporation 345 Harris, Inc.			
3. Principal Office Address 4 Fox Place, Floor 2			City Providence	State RI	Zip 02903
4. NAICS Code 531130		6. Brief description of the character of business conducted in Rhode Island Real Estate Development			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Derek Mesolella			Vice-President Name Vincent J. Mesolella		
Street Address 4 Fox Place, Floor 2			Street Address 4 Fox Place, Floor 2		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Derek Mesolella			Treasurer Name Derek Mesolella		
Street Address 4 Fox Place, Floor 2			Street Address 4 Fox Place, Floor 2		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Derek Mesolella			Director Name Vincent Mesolella		
Street Address 4 Fox Place, Floor 2			Street Address 4 Fox Place, Floor 2		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		common
					PAR VALUE
					\$0.01
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. 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 Representative Vincent J. Mesolella				Date August 29, 2019	
Signature of Authorized Representative					

SIGN DOCUMENT **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

AUG 30 2019

11:20

BY



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

August 30, 2019 11:20 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

