



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Corporation

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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000096711		2. Exact name of the Corporation HARBOR HOUSEWRIGHTS LTD.			
3. Principal Office Address 1881 CRANDALL RD.			City TIVERTON	State RI	Zip 02878
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island HOME BUILDERS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name KAREN M. COTE			Vice-President Name RICHARD A. COTE		
Street Address 1881 CRANDALL RD.			Street Address 1881 CRANDALL RD.		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name RUSSELL G. COTE			Treasurer Name KAREN M. COTE		
Street Address 1881 CRANDALL RD.			Street Address 1881 CRANDALL RD.		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name RICHARD A. COTE			Director Name		
Street Address 1881 CRANDALL RD.			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Director Name KAREN M. COTE			Director Name		
Street Address 1881 CRANDALL RD.			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		0	1.00
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 KAREN COTE				Date 12/29/22	
Signature of Authorized Representative <i>Karen M Cote</i>				FILED 2:42	

MAIL TO:
 Division of Business Services
 143 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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