



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

REC'D RIDOS BUD
24 APR 22 PM 1:58:20

1. Entity ID Number 000051018		2. Exact name of the Corporation HARRISVILLE SELF-STORAGE, INC.	
3. Principal Office Address 425 Mowry Street		City HARRISVILLE	State RI
		Zip 02830	
4. NAICS Code 531130	6. Brief description of the character of business conducted in Rhode Island Self Storage Rentals		
5. State of Incorporation R.I.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KEVIN J. PLANTE		Vice-President Name JANICE M. PLANTE	
Street Address 425 Mowry Street		Street Address 425 Mowry Street	
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE
			State RI
			Zip 02830
Secretary Name KEVIN J. PLANTE		Treasurer Name JANICE M. PLANTE	
Street Address 425 Mowry Street		Street Address 425 Mowry Street	
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE
			State RI
			Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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		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	
		PAR VALUE	
		600	CNP
			0.0000
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 JANICE M. PLANTE			Date 4-22-2024
Signature of Authorized Representative JANICE M. PLANTE			

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

FORM 630- Revised: 12/2023

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BY ML 4866