



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 63276		2. Name of Corporation JAMESTOWN HARDWARE, LTD			
3. Street Address Principal Business Office 5 NARRAGANSETT AVE.			City JAMESTOWN	State RI	Zip 02835
4. Business Phone No. 401- 423-2722		5. State of Incorporation RHODE ISLAND			6. SIC Code 4457
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A RETAIL HARDWARE STORE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN S. SHERMAN			Vice President Name CAROL SHERMAN		
Street Address 182 BROOKSIDE DR.			Street Address 182 BROOKSIDE DR.		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name CAROL SHERMAN			Treasurer Name STEPHEN S. SHERMAN		
Street Address 182 BROOKSIDE DR.			Street Address 182 BROOKSIDE DR.		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STEPHEN S. SHERMAN			Director Name CAROL SHERMAN		
Street Address 182 BROOKSIDE DR.			Street Address 182 BROOKSIDE DR.		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 NO PAR VALUE			450	COMMON	NO PAR
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date: **MAR 04 2008**

Check No. **By [Signature]**

By: **051526**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: **[Signature]** Date: **2-29-08**

Print or Type Name of Officer: **Stephen S. Sherman**

Title of Officer: **PRESIDENT**