

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2008 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

| law (R.I.G.L. 7-1.2-1501(c&c | d)) is subject to a per | ialty fee of \$25.00. | | | | |
|---|-------------------------|--|--|------------------------------|--|--|
| 1. Corporale ID No. 21955 | J & J HARI | 2. Name of Corporation J & J HARDWARE DISTRIBUTORS, INC. | | | | |
| 3. Street Address Principal Business Office 45 Sockanosset Cross Road | | | City Cranston | State RI | ^{Zip} 02920 | |
| · | | 5. State of Incorporati RHODE ISLAN | | | | |
| 6. Brief Description of the Chart GENERAL HARDWAR | RE SALES | | | | | |
| 7. NAMES AND ADDRES | SSES OF THE OFFIC | CERS: ("X" BOX FOR A | TTACHMENT) 🔲 FILL IN | I SPACES BEFORE USING | ATTACHMENTS | |
| President Name | | | Vice President Name | | | |
| Robert W. Mancini | | | None | | | |
| Street Address Byron Randall Road | | | Street Address | | | |
| ^{City} Scituate | State RI | 02857 | City | State | Zip | |
| Secretary Name Ann M. Merola | | | Treasurer Name Ann M. Merola | | | |
| Street Address 2 Everbloom Drive | | | Street Address 2 Everbloom Drive | | | |
| City Johnston | State RI | ^{Zip} 02919 | <i>Guy</i> Johnston | State RI | $\frac{Z\psi}{02919}$ | |
| 8. NAMES AND ADDRES | SSES OF THE DIRE | CTORS: ("X" BOX FOR | ATTACHMENT) [FILL | IN SPACES BEFORE USIN | G ATTACHMENTS | |
| Director Name | | | Director Name | | | |
| Ann M. Merola | | | Robert Mancini | | | |
| Street Address | | | Street Address | | | |
| 2 Everbloom Drive | | | Byron Randall Road | | | |
| City | State | Zip | City | State | Zip | |
| Johnston | RI | 02919 | Scituate | RI | 02857 | |
| Director Name None | | | Director Name None | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | |
| Number of Shares Cluss/Series Par Value | | | Number of Shares | Class/Series | Par Value | |
| 600 COMMON NO PAR VALUE | | | 600 | Common | No Par | |
| | | | 1 11 11 11 11 11 | | Age of the second secon | |
| This report must be executhis report must be execution | cuted on behalf of the | e corporation by an auth e corporation by the recei | orized representative. If the iver or trustee. | e corporation is in the hand | s of a receiver or trustee, | |
| • | | | Under penalty o | coom anying sendules and si | that I have examined this repor- atements, and that all statement | |
| FILE! | D | | MAG | historice and correctly | " | |
| Check No. MAR 122 | 2008 | + | \$igKature \forall \in \text{Robert V} | W. Mancini | Date (| |
| By: | CUDY I | | Print or Type Na Preside | ime | | |
| FOR SECRETARY (| OF STATE USE ONLY | | Title | | Form 630 Rev. 12/06 | |