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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
145935	ROCKY'S HARDWARE, INC.		
3. Street Address Principal Business Office	City	State	Zip
40 ISLAND POND ROAD	SPRINGFIELD	MA	01118
4. Business Phone No.	5. State of Incorporation		
413 781-1650	MASSACHUSETTS		

6. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL HARDWARE SALES

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
ROCCO J. FALCONE	
Street Address: 195 TWIN HILLS DRIVE	Street Address:
City: LONGMEADOW State: MA Zip: 01106	City: State: Zip:
Secretary Name: CLAIRE M. FALCONE	Treasurer Name: JAMES J. FALCONE
Street Address: 478 WOLF SWAMP ROAD	Street Address: 1029 GRAND ISLE TERRACE
City: LONGMEADOW State: MA Zip: 01106	City: PALM BEACH GARDENS State: FL Zip: 33418

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
ROCCO J. FALCONE	JAMES J. FALCONE
Street Address: 195 TWIN HILLS DRIVE	Street Address: 1029 GRAND ISLE TERRACE
City: LONGMEADOW State: MA Zip: 01106	City: PALM BEACH GARDENS State: FL Zip: 33418
Director Name: CLAIRE M. FALCONE	Director Name:
Street Address: 478 WOLF SWAMP ROAD	Street Address:
City: LONGMEADOW State: MA Zip: 01106	City: State: Zip:

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2000		NO PAR

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1023		NO PAR

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.

[redacted]

[redacted]

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 _____ Date 3/12/08

ROCCO J. FALCONE
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED

Check No. MAR 14 2008

By: By 16516

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21541-35-246926

Form 630 Rev. 12/06