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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
2000		NO PAR	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]

File Date	**FILED**
Check No.	MAR 14 2008
By:	By 16516

FOR SECRETARY OF STATE USE ONLY

[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

Form 630 Rev. 12/06