RALPH MOL	State of Rhode Island and Providence Plantations Fee: \$50 Office of the Secretary of State
	Corporations Division
	148 W. River Street
Va (tope)	Providence, Rhode Island 02904-2615
cretary of 5	Telephone: (401) 222-3040
imited Liabilit	
Annual Report	t iember 1 - November 1
n accordance with	n R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to
	rt within thirty (30) days after the time prescribed by law (R.I.G.L.
1-16-66(<i>D&C)) IS SU</i>	ubject to a penalty fee of \$25.00.
ANNUAL REPOR	T YEAR: <u>2008</u>
1. ID No. <u>000</u>	0132202
2. Exact Name of	of the Limited Liability Company Liberty Hardware Retail & Design Services LLC
3. State of Form	nation
J. Otate of Form	
State: <u>DE</u>	
State: <u>DE</u> 4. Brief Descripti	ion of the Character of the Business Which is Actually Conducted in Rhode Island
State: <u>DE</u> 4. Brief Descripti <u>CUSTOMER SE</u>	ion of the Character of the Business Which is Actually Conducted in Rhode Island
State: <u>DE</u> 4. Brief Descripti CUSTOMER SE 5. Principal Offic	ion of the Character of the Business Which is Actually Conducted in Rhode Island ERVICE
State: <u>DE</u> 4. Brief Descripti CUSTOMER SE 5. Principal Offic No. and Street:	ion of the Character of the Business Which is Actually Conducted in Rhode Island ERVICE ce Address 140 BUSINESS PARK DR.
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State: <u>DE</u> 4. Brief Descripti CUSTOMER SE 5. Principal Offic No. and Street: City or Town: 6. Mailing Addree Contact Name: <u>(</u>	ion of the Character of the Business Which is Actually Conducted in Rhode Island ERVICE ie Address 140 BUSINESS PARK DR. WINSTON-SALEM State: NC Zip: 27107 Country: USA erss of Limited Liability Company and Name or Title of Contact Person: C/O TAX DEPARTMENT Contact Title:
State: <u>DE</u> 4. Brief Descripti CUSTOMER SE 5. Principal Offic No. and Street: City or Town: 6. Mailing Addree Contact Name: <u>Q</u> No. and Street:	ion of the Character of the Business Which is Actually Conducted in Rhode Island ERVICE ce Address 140 BUSINESS PARK DR. WINSTON-SALEM State: NC Zip: 27107 Country: USA ess of Limited Liability Company and Name or Title of Contact Person: C/O TAX DEPARTMENT Contact Title: 21001 VAN BORN ROAD
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State: <u>DE</u> 4. Brief Descripti CUSTOMER SE 5. Principal Offic No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>(</u> No. and Street: City or Town: 7. Name and Add	ion of the Character of the Business Which is Actually Conducted in Rhode Island ERVICE ce Address 140 BUSINESS PARK DR. WINSTON-SALEM State: NC Zip: 27107 Country: USA ess of Limited Liability Company and Name or Title of Contact Person: C/O TAX DEPARTMENT Contact Title: 21001 VAN BORN ROAD TAYLOR State: MI Zip: 48180 Country: USA
State: <u>DE</u> 4. Brief Descripti CUSTOMER SE 5. Principal Offic No. and Street: City or Town: 6. Mailing Addreet: Contact Name: <u>Q</u> No. and Street: City or Town: 7. Name and Add DO NOT LIST	ion of the Character of the Business Which is Actually Conducted in Rhode Island <u>ERVICE</u> 2e Address <u>140 BUSINESS PARK DR.</u> <u>WINSTON-SALEM</u> State: <u>NC</u> Zip: <u>27107</u> Country: <u>USA</u> 2ss of Limited Liability Company and Name or Title of Contact Person: <u>C/O TAX DEPARTMENT</u> Contact Title: <u>21001 VAN BORN ROAD</u> <u>TAYLOR</u> State: <u>MI</u> Zip: <u>48180</u> Country: <u>USA</u> dress of Each Manager of the Limited Liability Company, if Applicable. <u>MEMBERS</u>
State: <u>DE</u> 4. Brief Descripti CUSTOMER SE 5. Principal Offic No. and Street: City or Town: 6. Mailing Addreet: Contact Name: <u>Q</u> No. and Street: City or Town: 7. Name and Add DO NOT LIST	Idon of the Character of the Business Which is Actually Conducted in Rhode Island ERVICE Se Address 140 BUSINESS PARK DR. WINSTON-SALEM State: NC Zip: 27107 Country: USA Ses of Limited Liability Company and Name or Title of Contact Person: C/O TAX DEPARTMENT Contact Title: 21001 VAN BORN ROAD TAYLOR State: MI Zip: 48180 Country: USA dress of Each Manager of the Limited Liability Company, if Applicable. MEMBERS Address Individual Name First, Middle, Last, Suffix
State: <u>DE</u> 4. Brief Descripti CUSTOMER SE 5. Principal Offic No. and Street: City or Town: 6. Mailing Addreet: Contact Name: <u>Q</u> No. and Street: City or Town: 7. Name and Add DO NOT LIST I Title	Identified Liability Conducted in Rhode Island ERVICE ERVICE Te Address 140 BUSINESS PARK DR. WINSTON-SALEM State: NC Zip: 27107 Country: USA Ses of Limited Liability Company and Name or Title of Contact Person: C/O TAX DEPARTMENT Contact Title: 21001 VAN BORN ROAD TAYLOR State: MI Zip: 48180 Country: USA dress of Each Manager of the Limited Liability Company, if Applicable. MEMBERS Address, City or Town, State, Zip Code, Country LIndividual Name Address, City or Town, State, Zip Code, Country LINDIVIAN BORN ROAD TAYLOR, MI 48180- USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903-

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of October, 2008 at 11:13:01 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JERRY W. MOLLIEN Signature of Authorized Person

Form No. 632 Revised 09/07

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