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

A. Ralph Mollis, *Secretary of Sta*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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(cord)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
6022	Damon's Hardware, Inc.			
3. Street Address Principal Business Office		**City**	**State**	**Zip**
422 Main Street		Wakefield	R.I.	02879
4. Business Phone No.	**5. State of Incorporation**			
401-783-4851	Rhode Island			

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

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

President Name			Vice President Name		
David R. Chappell			Antonia C. Chappell		
Street Address			**Street Address**		
23 Winter Street			Same		
City	**State**	**Zip**	**City**	**State**	**Zip**
Wakefield	RI	02879			
Secretary Name			**Treasurer Name**		
Antonia C. Chappell			David R. Chappell		
Street Address			**Street Address**		
Same			Same		
City	**State**	**Zip**	**City**	**State**	**Zip**

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

Director Name			Director Name		
David R. Chappell			Antonia C. Chappell		
Street Address			**Street Address**		
23 Winter Street			Same		
City	**State**	**Zip**	**City**	**State**	**Zip**
Wakefield	RI	02879			
Director Name			**Director Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
600	Common	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 repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Antonia C. Chappell
Signature *Date*

Antonia C. Chappell
Print or Type Name

File Date FILED

Check No. MAR 02 2009

By: By 37250

[redacted]