STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of Stat
Corporations Divisio
100 North Main Street, Providence, RI 02903-133
401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 32413

2. Name of Corporation UNITED HARDWARE CORP.

3. Street Address Principal Business Office 99 Hartford Avenue — *City* Providence — *State* RI — *Zip* 02909

4. Business Phone No. 401-421-6106

5. State of Incorporation RHODE ISLAND

6. SIC Code 810

7. Brief Description of the Character of Business Conducted in Rhode Island manufacturer of specialty hardware items, general metal work, woodworking, cabinetry, upholstery and reupholstery.

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

President Name Markus Gorkin
Street Address 99 Hardford Avenue
City Providence *State* RI *Zip* 02909

Vice President Name Ludmila Gorkin
Street Address 99 Hardford Avenue
City Providence *State* RI *Zip* 02909

Secretary Name Markus Gorkin
Street Address 99 Hartford Avenue
City Providence *State* RI *Zip* 02909

Treasurer Name Markus Gorkin
Street Address 99 Hartford Avenue
City Providence *State* RI *Zip* 02909

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

Director Name
Street Address The business and affairs of the corporation are managed by its shareholders, there is no Board of Directors.
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	SHS NO	PAR VAL

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	SHS NO	PAR VAL

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste

* 3 2 4 1 3 *

File Date: 8-10-00

Check No.: 25832

By: AMF

FOR SECRETARY OF STATE USE ONLY

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 of Officer *Date*

Markus Gorkin
Print or Type Name of Officer

President
Title of Officer

Form 630 12/96