

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

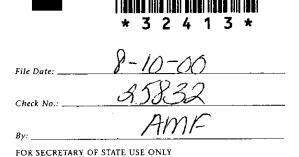
metal

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 32413	2. Name of Corporat UNITED HA	ion RDWARE CORP.				
3. Street Address Principal Business			City	State	Zip	
99 Hartford Ave	nue		Providence	RI	0290	
4. Business Phone No. 401-421-6106		S. State of Incorporati RHODE ISLA			6. SIC Cod <b>810</b>	
7. Brief Description of the Characte work, woodworking			acturer of specialty reupholstery.	y hardware item	s, general	
8. NAMES AND ADDRES President Name	SSES OF THE OFFI	CERS ("X" BOX FOR ATT	TACHMENT) FILL IN SPACES  Vice President Name	BEFORE USING ATTA	CHMENTS	
Markus Gorkin Street Address			Ludmila Gorkii Street Address	n		
99 Hardford Avenue			99 Hardford Av	99 Hardford Avenue		
City	State	Zip	City	State	Zip	
Providence Secretary Name	RI	02909	Providence Treasurer Name	RI	0290	
Markus Gorkin Street Address			Markus Gorkin Street Address			
99 Hartford Ave	nue State	Zip	99 Hartford A	Avenue State	Zip	
Providence 9. NAMES AND ADDRES Director Name	RI SSES OF THE DIRI	02909 ECTORS ("X" BOX FOR .	Providence ATTACHMENT) FILL IN SPAC Director Name	RI ES BEFORE USING AT	02909 rachments	
The business an Street Address are manag	ed by its sha	reholders, the				
is no Boa	rd of Directo	OTS. Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ( ISSUED SHARES	"X" BOX FOR ATTACHMEN	VT)	
Number of Shares	Class/Series	Par Value	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 Truster



Number of Shares

1,000 SHS NO PAR VAL

Class/Series

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 Markus Gorkin

Print or Type Name of Officer President Title of Officer

Form 630 12/96