



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

A. Ralph Mollis, Secretary of State
Corporations Bureau
135 W. Main Street
Providence, RI 02904-2615
(401) 222-8700

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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)(1)), subject to a penalty fee of \$25.00

1. Corporate ID No. 63276		2. Name of Corporation JAMESTOWN HARDWARE, LTD			
3. Street Address - Principal Business Office 5 NARRAGANSETT AVENUE			City JAMESTOWN	State RI	Zip 02835
4. Business Phone No. 401-423-2722		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A RETAIL HARDWARE STORE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN S. SHERMAN			Vice President Name CAROL SHERMAN		
Street Address 182 BROOKSIDE DRIVE			Street Address 182 BROOKSIDE DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name CAROL SHERMAN			Treasurer Name STEPHEN S. SHERMAN		
Street Address			Street Address		
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 STEPHEN S. SHERMAN			Director Name CAROL SHERMAN		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 450	Class/Series COMMON	Par Value 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.

FILED	
File Date	FEB 25 2010
Check No	By 18185
By	
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 ML Date 2-22-10
STEPHEN S. SHERMAN
Print or Type Name
PRESIDENT
Title