

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

Office of the	Secretary of State	1171110113			401.222.30
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Filing Period: January			PORT FOR THE	YEAR	
FORM MUST BE TYPED IN					
1. Corporate ID No. 7813	2. Name of Corpo SALK'S HA	oration RDWARE & MARIN	NE, INC.		
3. Street Address Principal Bu	siness Office		City	State	Zip (2889
2524 West Shore	Road		Warwick	RI	02886
4. Business Phone No.		5. State of Incorpo	ration		6. SIC Code
(401) 739-1027		RHODE ISL	AND		4457
7. Brief Description of the Chardware and Marin	uracter of Business Con E PRODUCTS SAI	nducted in Rhode Island LES .			
8. NAMES AND ADDRE	SSES OF THE OF	FICERS ("X" BOX FO	<i>RATTACHMENT</i>) □ FILL IN	SPACES BEFORE USING A	TTACHMENTS
President Name		Committee of the second of the second	Vice President Name		territoria de la Composición d
Jeffrey D. Salk			Carolyn B. Sa	lk	
Street Address			Street Address	•	
486 Red Chimney	Drive		486 Red Chimney Drive		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
Secretary Name			Treasurer Name		
Carolyn B. Salk			Jeffrey D. Sa	lk	
Street Address			Street Address		•
as above			as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE Director Name	SSES OF THE DIF	RECTORS ("X" BOX I	FOR ATTACHMENT) FILL I Director Name	N SPACES BEFORE USING	ATTACHMENTS
Harold Salk			Carolyn B. Sa	lk	
Street Address		•	Street Address		•
486 Red Chimney I	Orive		as above		
City	State	Zip	City	State	Zip
Warwick	RI	: 02886			
Director Name			Director Name		
Jeffrey D. Salk			Director Traine		
Street Address			Street Address	6	
as above			3		
City	State	Zip	City	State	Ζίρ
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	
Number of Shares	Class/Series	Par Value	Number of Shares	. Class/Series	Par Value
600 COMM NO PAR \	/ALUE		100	Common	No Par Value

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



File Dat <u>e</u>	2-10-03
Check No <u>.</u>	015225
Ву:	Sh
FOR SECRET	ARY 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.

J	1	UN	1	يلر	
Sign At	10	NO	Gear		

Signature of Officer

Jeffrey D. Salk

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01