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

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*
7813	SALK'S HARDWARE & MARINE, INC.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
2524 West Shore Road	Warwick	RI	02886

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
(401) 739-1027	RHODE ISLAND	4457

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

Hardware and marine products sales.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name	*Vice President Name*
Jeffrey D. Salk	Carolyn B. Salk
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. Salk
Street Address	*Street Address*
486 Red Chimney Drive	486 Red Chimney Drive
City / *State* / *Zip*	*City* / *State* / *Zip*
Warwick / RI / 02886	Warwick / RI / 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name	*Director Name*
Harold Salk	Carolyn B. Salk
Street Address	*Street Address*
486 Red Chimney Drive	486 Red Chimney Drive
City / *State* / *Zip*	*City* / *State* / *Zip*
Warwick / RI / 02886	Warwick / RI / 02886
Director Name	*Director Name*
Jeffrey D. Salk	
Street Address	*Street Address*
486 Red Chimney Drive	
City / *State* / *Zip*	*City* / *State* / *Zip*
Warwick / RI / 02886	

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600 SHS NO PAR COM		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	No Par Value

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

* 7 8 1 3 *

File Date: 2-23-98

Check No.: 9808

By: WP

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.

Carolyn B. Salk 2-20-98

Signature of Officer *Date*

Jeffrey D. Salk

Print or Type Name of Officer

President

Title of Officer

Form 31 12/9