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

PROFIT CORPORATION ANNUAL REPORT 1997

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
7813

2. Name of Corporation
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.
(401) 739-1027

5. State of Incorporation
RHODE ISLAND

6. SIC Code
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
Jeffrey D. Salk
Street Address
486 Red Chimney Drive
City | *State* | *Zip*
Warwick | RI | 02886

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

Secretary Name
Carolyn B. Salk
Street Address
486 Red Chimney Drive
City | *State* | *Zip*
Warwick | RI | 02886

Treasurer Name
Jeffrey D. Salk
Street Address
486 Red Chimney Drive
City | *State* | *Zip*
Warwick | RI | 02886

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

Director Name
Harold Salk
Street Address
486 Red Chimney Drive
City | *State* | *Zip*
Warwick | RI | 02886

Director Name
Carolyn B. Salk
Street Address
486 Red Chimney Drive
City | *State* | *Zip*
Warwick | RI | 02886

Director Name
Jeffrey D. Salk
Street Address
486 Red Chimney Drive
City | *State* | *Zip*
Warwick | RI | 02886

Director Name
Street Address
City | *State* | *Zip*

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

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

* 7 8 1 3 *

File Date: 2.28.97

Check No.: 8721

By: VLP

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*
2/7/97

Jeffrey D. Salk
Print or Type Name of Officer

President
Title of Officer

Form 31 12/96