



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 6022		2. Name of Corporation Damon's Hardware, Inc.	
3. Street Address Principal Business Office 422 Main Street		City Wakefield	State R.I.
4. Business Phone No. 401-783-4851		5. State of Incorporation Rhode Island and Providence Plantations	
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name David R. Chappell		Vice President Name Antonia C. Chappell	
Street Address 23 Winter Street		Street Address 23 Winter Street	
City Wakefield	State R.I.	City Wakefield	State R.I.
Zip 02879		Zip 02879	
Secretary Name Antonia C. Chappell		Treasurer Name David R. Chappell	
Street Address Same as above		Street Address Same as above	
City Same	State as above	City Same	State as above
Zip Same		Zip Same	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name David R. Chappell		Director Name Antonia C. Chappell	
Street Address Same as above		Street Address Same as above	
City Same	State as above	City Same	State as above
Zip Same		Zip Same	
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED			
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.		Number of Shares 600	Class/Series Common
			Par Value NO PAR Value

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	MAR 01 2012
Check No.	
By: <u>3664</u>	
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.

Antonia C. Chappell
Signature Date
Antonia C. Chappell
Print or Type Name
Vice-President
Title