



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

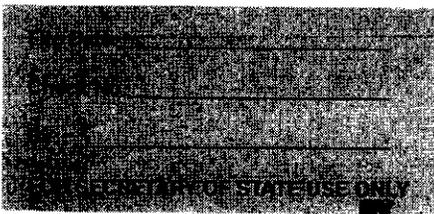
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>114627</b>		2. Exact name of the Corporation <b>BARRINGTON HARDWARE, INC.</b>			
3. Principal office address <b>65 BAY SPRING AVENUE , PO Box 26</b>			City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>
4. Business Phone No. <b>401-246-0550</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN BUSINESS OF SELLING HARDWARE SUPPLIES</b>					
President Name <b>SUSAN J. SHEA</b>			Vice-President Name <b>SAME</b>		
Street Address <b>65 BAY SPRING AVENUE</b>			Street Address		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. DIRECTORS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>SUSAN SHEA</b>			Director Name <b>SAME</b>		
Street Address <b>65 BAY SPRING AVENUE</b>			Street Address		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Director Name <b>SAME</b>			Director Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
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	CLASS/SERIES	PAR VALUE
			8000	COMMON	\$.01

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**

JAN 31 2013

2852

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.

*Susan Shea*

Signature of Authorized Representative

Date

1-28-13

**SUSAN SHEA**

Print or Type Name of Authorized Representative