

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 523663		2. Exact name of the limited liability company Salk's of North Kingstown, LLC					
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Hardware & Marine Products Sales					
5. Principal office address 5941 Post Road			City North Kingstown	State RI	Zip 02852		
	LIMITED LIABILI	FY COMPANY AND	NAME OF THE OF CONTACT PER	SON:			
Contact Name Jeffrey D. Salk		Contact Title President					
Street Address 5941 Post Road			City North Kingstown	State Ri	Zip 02852		
7. LIST ALL MANAGERS (("X" BOX FOR ATTACH	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - DO	NOT LIST MEMBERS		
Manager Name None	ger Name		Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RI	Action and the second second second second second						
This information is current	ly of record in the	Office of the Secr	etary of State. Changes require filing	Form 642.			

File Date	FILED	Under penalty of perjury, I declare and affirm this report, including any accompanying sche	dules and statements,
Crieck No	SEP 1 0 2013	and that all statements contained herein are to	rue and correct.
By:	002134	Signatule of Authorized Person Jeffrey D. Salk	Date
FOR SECRETARY OF STATE USE ONLY	•	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012