



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 2014

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. 8822		2. Exact name of the Corporation Durfee Hardware Incorporated			
3. Principal office address 65 Rolfe Street		City Cranston		State RI	Zip 02910
4. Business Phone No. 401-461-0800		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Retail Hardware Store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Paul R Durfee			Vice-President Name Ryan Durfee		
Street Address 46 Deerfield Drive			Street Address 39 Sumner Street Unit #3		
City Scituate	State RI	Zip 02857	City N Attleboro	State MA	Zip 02760
Secretary Name David A Durfee			Treasurer Name Peter J Durfee		
Street Address 52 Deerfield Drive			Street Address 45 Deerfield Drive		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Paul R Durfee			Director Name Peter J Durfee		
Street Address 46 Deerfield Drive			Street Address 45 Deerfield Drive		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Director Name David A Durfee			Director Name		
Street Address 52 Deerfield Drive			Street Address		
City Scituate	State RI	Zip 02857	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			500	Common A	\$100.00
			1,000	Common B	\$100.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY, **3442**

FILED

FEB 13 2014

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 Authorized Representative

Date

Paul R Durfee

Print or Type Name of Authorized Representative