



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 2015

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. <u>155292</u>		2. Exact name of the limited liability company <u>CENTER HARDWARE LLC</u>	
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island <u>ACE HARDWARE STORE & ASSOCIATED HWO. PRODUCTS</u>	
5. Principal office address <u>156 COUNTY ROAD</u>		City <u>BARRINGTON</u>	State <u>R.I.</u>
		Zip <u>02806</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>GEORGE J. TAMER</u>		Contact Title <u>MANAGING MEMBER</u>	
Street Address <u>156 COUNTY ROAD</u>		City <u>BARRINGTON</u>	State <u>R.I.</u>
		Zip <u>02806</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (“X” BOX FOR ATTACHMENT) ☐			
Manager Name <u>GEORGE J TAMER</u>		Manager Name	
Street Address <u>156 COUNTY ROAD</u>		Street Address	
City <u>BARRINGTON</u>	State <u>R.I.</u>	Zip <u>02806</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

GEORGE J TAMER 156 COUNTY ROAD, BARRINGTON R.I 02806

FILED

OCT 08 2015

BY 4355

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.

George J Tamer
Signature of Authorized Person

10/2/15
Date

GEORGE J TAMER
Print or Type Name of Authorized Person

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY