



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 2016

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					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Paul R. Durfee			Vice-President Name Ryan Durfee		
Street Address 46 Deerfield Road			Street Address 65 Rolfe Street		
City North Scituate	State RI	Zip 02857	City Cranston	State RI	Zip 02910
Secretary Name David A. Durfee			Treasurer Name Peter J. Durfee		
Street Address 42 Deerfield Road			Street Address 45 Deerfield Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Peter J. Durfee			Director Name Paul R. Durfee		
Street Address 45 Deerfield Road			Street Address 46 Deerfield Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Director Name David A. Durfee			Director Name		
Street Address 42 Deerfield Road			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
9. SHARES AUTHORIZED			10. 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
			500	Common A	\$100.00 par
			1,000	Common B	\$100.00 per

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

Form No. 630
Revised: 01/2012

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.

FILED

Signature of Authorized Representative

Date

Paul R. Durfee

Print or Type Name of Authorized Representative

JAN 13 2016
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