



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. 001579944		2. Exact name of the Corporation Coventry Hardware, Inc.			
3. Principal office address 633 Washington Street			City Coventry	State RI	Zip 02816
4. Business Phone No. 401-822-2212			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island engage in the wholesale and retail sale of goods and hardware including acquisition and maintenance of an inventory in the store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard L. Osborne			Vice-President Name Linda M. Osborne		
Street Address 439 Gardiner Road			Street Address 439 Gardiner Road		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Linda M. Osborne			Treasurer Name Richard L. Osborne		
Street Address 439 Gardiner Road			Street Address 439 Gardiner Road		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richard L. Osborne			Director Name Linda M. Osborne		
Street Address 439 Gardiner Road			Street Address 439 Gardiner Road		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			1000	Common	No Par

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 _____
 Filed _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

FILED

FEB 04 2016

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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.

Richard L. Osborne 02/01/2016
 Signature of Authorized Representative Date
Richard L. Osborne
 Print or Type Name of Authorized Representative