



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 132202		2. Exact name of the limited liability company Liberty Hardware Retail & Design Services LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island CUSTOMER SERVICE	
5. Principal office address 140 Business Park Drive		City Winston-Salem	State NC
		Zip 27107	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jennifer Moore		Contact Title Tax Accountant	
Street Address 21001 Van Born Road		City Taylor	State MI
		Zip 48180	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Eugene A. Gargaro, Jr.		Manager Name John G. Sznewajs	
Street Address 21001 Van Born Road		Street Address 21001 Van Born Road	
City Taylor	State MI	City Taylor	State MI
	Zip 48180		Zip 48180
Manager Name John R. Leekley		Manager Name	
Street Address 21001 Van Born Road		Street Address	
City Taylor	State MI	City	State
	Zip 48180		Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



132202

05 NOV 25 AM 11:46
SECRETARY OF STATE
CORPORATIONS DIV

File Date 11/25/05
Check No. 8545
By: DA
FOR SECRETARY OF STATE USE ONLY

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.

David A. Doran 10/18/05
Signature of Authorized Person Date
David A. Doran, Vice-President
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 132202		2. Exact name of the limited liability company Liberty Hardware Retail & Design Services LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Customer service			
5. Principal office address 140 Business Park Dr.		City Winston-Salem	State NC	Zip 27107	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Elizabeth Noce			Contact Title Supervisor-State and Local Income Taxes		
Street Address c/o Tax Department, 21001 Van Born Road		City Taylor	State MI	Zip 48180	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Robert B. Rosowski			Manager Name John R. Leekley		
Street Address 21001 Van Born Road			Street Address 21001 Van Born Road		
City Taylor	State MI	Zip 48180	City Taylor	State MI	Zip 48180
Manager Name Eugene A. Gargaro, Jr.			Manager Name		
Street Address 21001 Van Born Road			Street Address		
City Taylor	State MI	Zip 48180	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 3 2 2 0 2 *

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.

File Date	9-30-04
Check No.	7699
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	

[Signature] 9/23/04
Signature of Authorized Person Date
David A. Doran, Vice-President
Print or Type Name of Authorized Person