



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2017  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2017 JAN 13 PM 4:00

1. Entity ID Number <b>32996</b>		2. Exact name of the Corporation <b>S&amp;T HARDWARE, INC.</b>	
3. Principal Office Address <b>2300 NOOSENECK HILL ROAD</b>		City <b>COVENTRY</b>	State <b>R.I.</b>
		Zip <b>02816</b>	
4. NAICS Code <b>44-45</b>	6. Brief description of the character of business conducted in Rhode Island <b>RETAIL HARDWARE AND HARD LINES, SALES AND SERVICE</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>THAYLEN H. WALTONEN</b>		Vice-President Name <b>N/A</b>	
Street Address <b>610 WEAVER HILL ROAD</b>		Street Address	
City <b>WEST GREENWICH</b>	State <b>R.I.</b>	City	State
Zip <b>02817</b>		Zip	
Secretary Name <b>SAME AS ABOVE</b>		Treasurer Name <b>SAME AS ABOVE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>N/A</b>		Director Name <b>N/A</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <b>N/A</b>		Director Name <b>N/A</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>COMMON</b>
		PAR VALUE <b>NO PAR</b>	
11. 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. <b>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.</b>			
Name of Authorized Representative <b>THAYLEN H. WALTONEN</b>		Date <b>1/13/17</b>	
Signature of Authorized Representative <i>Thaylen H. Waltonen</i>		4:00pm <b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JAN 13 2017  
BY C1378888 FORM 630 - Revised: 10/2016  
KEM