



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

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