



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Make Check Payable to: Secretary of State

Annual Report for the year: **2017**

Corporation

In the Amount of \$ 50Sign, date, and mail by: 3/1/17

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 54030		2. Exact name of the Corporation Roger's Hardware, Inc.			
3. Principal Office Address 159 Broad Street		City Cumberland		State RI	Zip 02864
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island Hardware Store				
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 Jose Amaral		Vice-President Name Mario Antonio			
Street Address 3 Valley Street		Street Address 59 Kent Street			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Jorge Amaral		Treasurer Name Amandio Amaral			
Street Address 83 Vineyard Avenue		Street Address 164 Terrace Avenue			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mario Antonio		Director Name Jose Amaral			
Street Address 59 Kent Street		Street Address 3 Valley Street			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Jorge Amaral		Director Name Amandio Amaral			
Street Address 83 Vineyard Avenue		Street Address 164 Terrace Avenue			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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		CLASS/SERIES	PAR VALUE
		250		Common	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 Mario Antonio					Date 01-17-17
Signature of Authorized Representative <i>Mario Antonio</i>					

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

FILED

JAN 19 2017

BY

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FORM 630 - Revised: 10/2016