3. Principal Office Address 821 Cambridge Street 4. NAICS Code 444110 5. State of Incorporation Massachusetts 7. List ALL officers (names and addresse President Name Lloyd Felder Street Address 4 W. Rockland Farm  City Dartmouth Secretary Name Frederic Felder Street Address 30 Miles Avenue  City Providence 8. List ALL directors (names and addresse Burector Name Lloyd Felder Street Address 30 Miles Avenue  City Providence 8. List ALL directors (names and addresse Burector Name Lloyd Felder  Street Address 4 W. Rockland Farm	mon' rief descri e retail a rdware, p	e of the Corporation Supply specified by the characteristic and wholesale spaints, oils and specified by the characteristic and	Co., Inc.  City Fall River  Ster of business of elling of plum roofing mater  Vice-Presider  Street Addres  City  Treasurer National Street Addres	conducted in Rhocobing and heating rials.  Chent Name N/A	State MA  de Island  ng supplies,  eck the box to i	electric		
→ Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if for the second state of the	mon' rief descri e retail a rdware, p	e of the Corporation Supply specified by the characteristic and wholesale spaints, oils and specified by the characteristic and	Co., Inc.  City Fall River  Ster of business of elling of plum roofing mater  Vice-Presider  Street Addres  City  Treasurer National Street Addres	conducted in Rhocobing and heating rials.  Checot Name N/A	State MA  de Island  ng supplies,  eck the box to i	electric	02721 cal supplies,	
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4 W. KOCKIANG FARM			Director Name	<sup>e</sup> Frederic Felde	er			
City Dartmouth State			Street Addres	s 30 Miles Aven				
	MA	<sup>Zip</sup> <b>02748</b>	City Provid	ence	State RI		<sup>Zip</sup> 02906	
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9. Shares Authorized		10. Shares Iss			eck the box to	indicate :		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER 0 2460	F SHARES	1	CLASS/SERIES  Common		without par value	
		2400			•••••			
11. This report must be executed on behi trustee, this report must be executed on					orporation is in	the hand	ds of a receiver or	
Under penalty of perjury, I declare and statements, and that all statements co	i affirm ti	hat i have examin	ed this report,	including any ac	companying s	chedule	s and	
Name of Authorized Representative			· · · · · · · · · · · · · ·		Date	- /	/ .	
Lloyd Felder, President and Treas	urer				_	8/11	(//>	
Signature of Authorized Representative			CUMENT HER		Dm		····	

Division of Business Services
148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

BY M. 312330

FORM 630 - Revised: 08/2017