



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

Annual Report for the year: 2018  
 Corporation

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

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

2018 JAN 10 PM 4:08

|   |  |  |   |                               |                            |
|---|--|--|---|-------------------------------|----------------------------|
| 1. Entity ID Number<br><b>32996</b>   |  | 2. Exact name of the Corporation<br><b>SET HARDWARE, INC.</b>  |   |                               |                            |
| 3. Principal Office Address<br><b>2300 NOOSENECK HILL ROAD</b>  |  | City<br><b>COVENTRY</b>  |   | State<br><b>RI</b>            | Zip<br><b>02816</b>        |
| 4. NAICS Code<br><b>444130</b>  |  | 6. Brief description of the character of business conducted in Rhode Island<br><b>RETAIL HARDWARE AND HARD LINES SALES AND SERVICE</b> |   |                               |                            |
| 5. State of Incorporation<br><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<br><b>TAYLEN H. WALTONEN</b>   |  |  | Vice-President Name<br><b>N/A</b>   |                               |                            |
| Street Address<br><b>610 WEAVER HILL ROAD</b>   |  |  | Street Address  |                               |                            |
| City<br><b>WEST GREENWICH</b>   |  | State<br><b>RI</b>   | Zip<br><b>02817</b>   |                               |                            |
| Secretary Name<br><b>SAME AS ABOVE</b>  |  |  | Treasurer Name<br><b>SAME AS ABOVE</b>  |                               |                            |
| Street Address  |  |  | Street Address  |                               |                            |
| City  |  | State  | Zip   | City                          |                            |
|   |  |  |   |                               |                            |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |  |   |                               |                            |
| Director Name<br><b>N/A</b>   |  |  | Director Name<br><b>N/A</b>   |                               |                            |
| Street Address  |  |  | Street Address  |                               |                            |
| City  |  | State  | Zip   | City                          |                            |
|   |  |  |   |                               |                            |
| Director Name<br><b>N/A</b>   |  |  | Director Name<br><b>N/A</b>   |                               |                            |
| Street Address  |  |  | Street Address  |                               |                            |
| City  |  | State  | Zip   | City                          |                            |
|   |  |  |   |                               |                            |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>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<br><b>1000</b>   | CLASS/SERIES<br><b>COMMON</b> | PAR VALUE<br><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.<br>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<br><b>TAYLEN H. WALTONEN</b>  |  |  |   | Date<br><b>1/10/17</b>        |                            |
| Signature of Authorized Representative<br><i>Taylen H. Waltonen</i>   |  |  |   | <b>FILED</b>                  |                            |

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

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