



RI SOS Filing Number: 201985381940 Date: 1/28/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

- 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 63276		2. Exact name of the Corporation JAMESTOWN HARDWARE, LTD.			
3. Principal Office Address 5 NARRAGANSETT AVENUE			City JAMESTOWN	State RI	Zip 02835
4. NAICS Code 444130		6. Brief description of the character of business conducted in Rhode Island OPERATION OF A RETAIL HARDWARE STORE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name STEPHEN S. SHERMAN			Vice-President Name CAROL SHERMAN		
Street Address 182 BROOKSIDE DRIVE			Street Address 182 BROOKSIDE DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name CAROL SHERMAN			Treasurer Name STEPHEN S. SHERMAN		
Street Address 182 BROOKSIDE DRIVE			Street Address 182 BROOKSIDE DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name STEPHEN S. SHERMAN			Director Name CAROL SHERMAN		
Street Address 182 BROOKSIDE DRIVE			Street Address 182 BROOKSIDE DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 STEPHEN S. SHERMAN					Date 1-24-19
Signature of Authorized Representative SIGN DOCUMENT HERE 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 28 2019

BY 0011 416 QS

FORM 630 - Revised: 10/2017