



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

**FILED**

**STAMP**

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

FEB 04 2019

BY 27693  
 [Signature]

- 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 <b>007813</b>		2. Exact name of the Corporation <b>SALK'S HARDWARE &amp; MARINE, INC.</b>	
3. Principal Office Address <b>2524 West Shore Road</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02889</b>	
4. NAICS Code <b>444130</b>	6. Brief description of the character of business conducted in Rhode Island <b>HARDWARE AND MARINE PRODUCTS SALES</b>		
5. State of Incorporation <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 <b>Jeffrey D. Salk</b>		Vice-President Name <b>Beth C. Salk</b>	
Street Address <b>20 Rabbit Run</b>		Street Address <b>20 Rabbit Run</b>	
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>
Secretary Name <b>Carolyn B. Salk</b>		Treasurer Name <b>Jeffrey D. Salk</b>	
Street Address <b>10 Hillside Court, Unit 4</b>		Street Address <b>As above</b>	
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b></b>
		State <b></b>	
		Zip <b></b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Harold D. Salk</b>		Director Name <b>Carolyn B. Salk</b>	
Street Address <b>10 Hillside Court, Unit 4</b>		Street Address <b>As above</b>	
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b></b>
		State <b></b>	
		Zip <b></b>	
Director Name <b>Jeffrey D. Salk</b>		Director Name <b>Beth C. Salk</b>	
Street Address <b>As above</b>		Street Address <b>As above</b>	
City <b></b>	State <b></b>	Zip <b></b>	City <b></b>
		State <b></b>	
		Zip <b></b>	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>
		PAR VA. UF <b>NO PAR VALUE</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. <i>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.</i>			
Name of Authorized Representative <b>Jeffrey D. Salk</b>		Date <b>1/27/19</b>	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

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