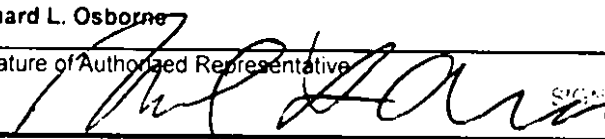




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 001579944		2. Exact name of the Corporation Coventry Hardware, Inc.			
3. Principal Office Address 633 Washington Street			City Coventry	State RI	Zip 02816
4. NAICS Code 444130		6. Brief description of the character of business conducted in Rhode Island engage in the wholesale and retail of goods and hardware including acquisition and maintenance of an inventory in the 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 Richard L. Osborne			Vice-President Name Linda M. Osborne		
Street Address 439 Gardiner Road			Street Address 439 Gardiner Road		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Linda M. Osborne			Treasurer Name Richard L. Osborne		
Street Address 439 Gardiner Road			Street Address 439 Gardiner Road		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard L. Osborne			Director Name Linda M. Osborne		
Street Address 439 Gardiner Road			Street Address 439 Gardiner Road		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE 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 Richard L. Osborne				Date 2/01/2019	
Signature of Authorized Representative 				FILED FEB 04 2019 BY <u>446</u>	
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