



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

Annual Report for the year: **2020**
Corporation

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

FILED

JAN 15 2020

BY

1531

1. Entity ID Number 54030		2. Exact name of the Corporation ROGER'S HARDWARE, INC.			
3. Principal Office Address 159 BROAD STREET			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 444130		6. Brief description of the character of business conducted in Rhode Island HARDWARE 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 JOSE F. AMARAL			Vice-President Name MARIO ANTONIO		
Street Address 3 VALLEY STREET			Street Address 59 KENT STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name JORGE AMARAL			Treasurer Name AMANDIO AMARAL		
Street Address 83 VINEYARD AVENUE			Street Address 164 TERRACE STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARIO ANTONIO			Director Name JOSE AMARAL		
Street Address 59 KENT STREET			Street Address 3 VALLEY STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name JORGE AMARAL			Director Name AMANDIO AMARAL		
Street Address 83 VINEYARD AVENUE			Street Address 164 TERRACE AVENUE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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
		250	COMMON	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. <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 MARIO ANTONIO					Date 01-13-20
Signature of Authorized Representative <i>Mario Antonio</i>					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