

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March I • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 118862 W. R. BESSETTE HARDWARE COMPANY, INC. 3. Street Address Principal Business Office State Zip 519 MENDON ROAD, PO BOX 8000 CUMBERLAND RI 02864-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4013834000 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island SALE OF HARDWARE AND RELATED ITEMS 8: NAMES AND ADDRESSES OF THE OFFIGERS ("X" BOX FOR ATTACHSIENT) THIS IN SPACES BEFORE USING ATTACHMENTS
President Name
Vice President Name Joel J. Bessette ·Vincent H. Bessette Street Address Street Address .179 Front Street 179 Front Street State City Zip City State Zip 02865 Lincoln RI RI Lincoln 02865 Secretary Name Treasurer Name Vincent H. Bessette Joel J. Bessette Street Address Street Address Same .Same Zip State City Zip City State 19. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). FIRE IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address Street Address Zip State City State Ζiρ ·City Director Name Director Name Street Address ·Street Address State State Zip Cir Zip TIL SHARES ISSUED ("X" BOX FOR ATTACHMENT) 110. SHARES AUTHORIZED J'X" BOX'FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Par Value Par Value Number of Shares Class/Series Number of Shares Class/Series No Par Value 1,000 COMM NO PAR VALUE 1000 Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date	2-7-03
Check No	1012
By:	Km
FOR SECRETA	RY OF STATE, USE, ONLY

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 hereinvare true and correct.

J. Bessette

or Type Name of Officer

President Title of Officer

Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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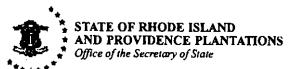
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nd that all statements contained herein are true and correct.
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JOEL J. BESSETTE
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Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

1. Corporate ID No. *118862*		2. Name of Corporation W. R. BESSETTE HARDWARE COMPANY, INC.				
3. Street Address Principal Business Office			City	State	Ζίφ	
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4. Business Phone No.	6. Business Phone No. 5. State of Incorpora		ration	•	6. SIC Code	
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President Name JOEL J. BESSETT	TIE:		Vice President Name			
Street Address			VINCENT H. BESS	SETTE		
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LINCOLN	State R I	<i>Ζίφ</i> 02865	City	* State	Zip	
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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.

Hoold Benette a

Joel J. Bessette

Print or Type Name of Officer

President

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Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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PROFIL C	JORPORATION January 1-March 1 •	ANNUAL RI Filing Fee: \$50.00	EPORT FOR TH	E YEARZUUZ	PLEASE READ INSTRUCTIONS			
(FORM MUST BE TY	PED IN BLACK)							
1. Corporate ID No.	2. Name of Corpora	tion						
118862	W. R. BESS	W. R. BESSETTE HARDWARE COMPANY, INC.						
3. Street Address Princip C/O GARY R 519 MEN 4. Business Phone No. 401-383	pal Business Office ALGER, ESQ DON ROAD, PO BOX 8	· - ·	CUMBERLAND	State RI	Zip 02864 6. SIC Code			
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8. NAMES AND President Name	ADDRESSES OF THE OFF BESSETTE		ACHMENT) FILL IN SPACES  Vice President Name  VINCENT H.	BEFORE USING ATTACH	IMENTS			
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LINCOLN	State RI	7.ip 02865	LINCOLN	State RI	zip 02865			
Secretary Name			Treasurer Name	# # # # # # # # # # # # # # # # # # #				
JOEL J. Street Address	BESSETTE		VINCENT H.	BESSETTE				
22 RIVE	22 RIVER ROAD			170 ANGEL ROAD				
City	State	Zip	City	State	Zip			
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10. SHARES AUT	HORIZED (*x* box for att	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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Under penalty of perjury, I declare and affirm that I have examined  $\frac{1}{2}$  this report, including any accompanying schedules and statements, and that all statements sontained herein are true and correct.

VINCENT Print or Type Name of Officer

Tile of Officer

FOR SECRETARY OF STATE USE ONLY