



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
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 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102793		2. Name of Corporation SCITUATE HARDWARE, INC.		
3. Street Address Principal Business Office 593 PLAINFIELD Street		City PROVIDENCE	State RI	Zip 02909
4. Business Phone No. 401-647-4900		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN WHOLESALE AND RETAIL SALES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name THOMAS J. RICCI		Vice President Name LORI B. RICCI		
Street Address 593 PLAINFIELD ST		Street Address 593 PLAINFIELD ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI
Secretary Name LORI B. RICCI		Treasurer Name THOMAS J. RICCI		
Street Address 593 PLAINFIELD ST		Street Address 593 PLAINFIELD ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES 1000		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES 0		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 NO PAR VALUE				

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



File Date 8/15/05
Check No. 1832
By: DA

FOR SECRETARY 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 herein are true and correct.

Signature of Officer Thomas Ricci 8/10/05
Date
Print or Type Name of Officer THOMAS RICCI
Title of Officer PRESIDENT



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
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401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 102793		2. Name of Corporation SCITUATE HARDWARE, INC.			
3. Street Address Principal Business Office 593 PLAINFIELD ST			City PROVIDENCE	State RI	Zip 02909-4628
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN WHOLESALE AND RETAIL SALES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS J RICCI			Vice President Name LORI B RICCI		
Street Address 593 PLAINFIELD ST			Street Address 593 PLAINFIELD ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name LORI B RICCI			Treasurer Name THOMAS J RICCI		
Street Address 593 PLAINFIELD ST			Street Address 593 PLAINFIELD ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES 1,000			ISSUED SHARES 0		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE					

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



* 1 0 2 7 9 3 *

File Date	C-3-04
Check No	13/2
By:	[Signature]
FOR SECRETARY 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 herein are true and correct.

[Signature] **2/1/04**
Signature of Officer Date
LORI B. RICCI
Print or Type Name of Officer
Vice President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102793 2. Name of Corporation SCITUATE HARDWARE, INC.

3. Street Address Principal Business Office

593 PLAINFIELD ST

City

PROVIDENCE

State

RI

Zip

02909

4. Business Phone No.

(401) 943-7733

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

RETAIL SALES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

THOMAS J. RICCI

Vice President Name

LORI B. RICCI

Street Address

593 PLAINFIELD ST

Street Address

593 PLAINFIELD ST

City

PROVIDENCE

State

RI

Zip

02909

City

PROVIDENCE

State

RI

Zip

02909

Secretary Name

LORI B. RICCI

Treasurer Name

THOMAS J. RICCI

Street Address

593 PLAINFIELD ST

Street Address

593 PLAINFIELD ST

City

PROVIDENCE

State

RI

Zip

02909

City

PROVIDENCE

State

RI

Zip

02909

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

1000

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

0

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE



* 1 0 2 7 9 3 *

File Date: 1.30.03

Check No.: 978

By: [Signature]

FOR SECRETARY 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 herein are true and correct.

Lori B. Ricci 1/11/03
Signature of Officer Date

LORI B. RICCI
Print or Type Name of Officer

Vice President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102793
2. Name of Corporation SCITUATE HARDWARE, INC.
3. Street Address Principal Business Office 593 Plainfield St
4. Business Phone No. 401-647-4900
5. State of Incorporation RHODE ISLAND
7. Brief Description of the Character of Business Conducted in Rhode Island

City Providence State RI Zip 02909
6. SIC Code 0

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Thomas Ricci
Street Address 593 Plainfield St
City Providence State RI Zip 02909
Secretary Name Lori Ricci
Street Address 593 Plainfield St
City Providence State RI Zip 02909

Vice President Name Lori Ricci
Street Address 593 Plainfield St
City Providence State RI Zip 02909
Treasurer Name Thomas Ricci
Street Address 593 Plainfield St
City Providence State RI Zip 02909

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE No Par

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 No Par Value

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



* 1 0 2 7 9 3 *

File Date: 1-28-02
Check No.: 811
By: [Signature]

FOR SECRETARY 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 herein are true and correct.

Signature of Officer Lori B Ricci Date 1/23/02
Print or Type Name of Officer Lori B Ricci
Title of Officer Vice President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102793** 2. Name of Corporation **SCITUATE HARDWARE, INC.**

3. Street Address Principal Business Office **593 PLAINFIELD ST** City **PROVIDENCE** State **RI** Zip **02909**
4. Business Phone No. **401-647-4900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8**

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALE OF OTHER HARDWARE PRODUCTS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name THOMAS J RICCI	Vice President Name LORI B RICCI
Street Address 593 PLAINFIELD ST	Street Address 593 PLAINFIELD ST
City PROVIDENCE State RI Zip 02909	City PROVIDENCE State RI Zip 02909
Secretary Name LORI B RICCI	Treasurer Name THOMAS J RICCI
Street Address 593 PLAINFIELD ST	Street Address 593 PLAINFIELD ST
City PROVIDENCE State RI Zip 02909	City PROVIDENCE State RI Zip 02909

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES **1,000**
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES **0**
Number of Shares Class/Series Par Value

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



* 1 0 2 7 9 3 *

File Date: **2/7**
Check No.: **532**
By: **a**

FOR SECRETARY 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 herein are true and correct.

Signature of Officer **Lori B Ricci** Date **1/15/01**
Print or Type Name of Officer **LORI B. RICCI**
Title of Officer **Vice President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102793** 2. Name of Corporation **SCITUATE HARDWARE, INC.**

3. Street Address Principal Business Office **593 PLAINFIELD ST** City **PROVIDENCE** State **RI** Zip **02909**

4. Business Phone No. **401-647-4900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4457**

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALES & WHOLESALE SALES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name THOMAS J RICCI	Vice President Name LORI B RICCI
Street Address 593 PLAINFIELD ST	Street Address 593 PLAINFIELD ST
City PROVIDENCE State RI Zip 02909	City PROVIDENCE State RI Zip 02909
Secretary Name LORI B RICCI	Treasurer Name THOMAS J RICCI
Street Address 593 PLAINFIELD ST	Street Address 593 PLAINFIELD ST
City PROVIDENCE State RI Zip 02909	City PROVIDENCE State RI Zip 02909

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

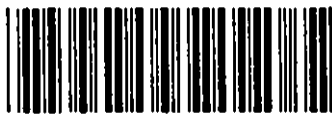
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES **NONE**
Number of Shares Class/Series Par Value

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



* 1 0 2 7 9 3 *

File Date: **PAID 1/23**

Check No. **FEB 15 2001**

By: **SECY OF STATE**

FOR SECRETARY 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 herein are true and correct.

Thomas J Ricci 1/26/2000
Signature of Officer Date
THOMAS J RICCI PRESIDENT
Print or Type Name of Officer

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102793		2. Name of Corporation SCITUATE HARDWARE, INC.	
3. Street Address Principal Business Office 593 PLAINFIELD STREET		City PROVIDENCE	State RI
4. Business Phone No. 401-647-4900		5. State of Incorporation RHODE ISLAND	
6. SIC Code		7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN WHOLESALE AND RETAIL SALES	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name THOMAS JOSEPH RICCI		Vice President Name LORI BETH RICCI	
Street Address 593 PLAINFIELD STREET		Street Address 593 PLAINFIELD STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02909	
Secretary Name LORI BETH RICCI		Treasurer Name THOMAS JOSEPH RICCI	
Street Address 593 PLAINFIELD STREET		Street Address 593 PLAINFIELD STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02909	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
100 NO PAR VALUE			

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



File Date: Jan 28, 1999
Check No.: 116
By: JD

FOR SECRETARY 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 herein are true and correct.

Thomas Joseph Ricci 1/18/99
Signature of Officer Date
THOMAS JOSEPH RICCI
Print or Type Name of Officer
PRESIDENT
Title of Officer