

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

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filling Period: January 1 - March 1 • Filling Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 102793 SCITUATE HARDWARE, INC. 3. Street Address Principal Business Office LAINFIELD 5. State of Incorporation **RHODE ISLAND** meter of Business Conducted in Rhode Island HOLSALE AND RETAIL SALES. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) City Z.p 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name Director Nume Street Address Street Address City State Zip . . . City State Director Name Director Name Sinvi Address Street Address Cup Zip State Z.Ip CIIV State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** 000 **ISSUED SHARES** Par Value Number of 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



File Date	8/15/05
Check No.	1832
Ву:	DA
•	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that including any accompanying schedules and states	
contained herein are true and correct.	, ,
Signature of Officer	8/10/05
	Date
Thomas Ricci	
Print or Type Name of Officer	•
PRESIDENT	
Tule of Officer	

Form 630 Rev. 12/03



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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CO	ORPORATION	ANNUAL I	REPORT FOR	R 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 2. Name of Corporation 102793 SCITUATE HARDWARE, INC. 3. Street Address Principal Business Office 5. State of Incorporation RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN WHOLSALE AND RETAIL SALES. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name LORI Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address State Zip City State Zίρ Director Name Street Address Street Address State Zip City State ZIp ("X" BOX FOR ATTACHMENT) [X] 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED **AUTHORIZED SHARES** ISSUED SHARES 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 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.

Title of Office



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 ______

Time Terrous,	iunuury 1-murch i •	riting Fee: \$50.00			INSTRUCT
(FORM MUST BE TYPE!	D OR PRINTED IN BLACK)				
1. Corporate ID No.	2. Name of Corpor	ration			
102793	SCITUATE	HARDWARE, INC.			
3. Street Address Princip	Business Office	· · · · · · · · · · · · · · · · · ·	City	State	71-
593 H	ANTIELD DE		PROVISENCE	RI	Zip
4. Rusiness Phone No.	/	S. State of Incorporation	TRIVIDENCE	M-L	02709
(401) 94	3-1022	•			6. SIC Code
7. Brief Description of th	ne Character of Business Conducted	RHODE ISLANE)		0
RETOIL.	SALES				
8. NAMES AND	ADDRESSES OF THE OFF	ICEDS (AVA BOY SOR ATTI			
President Name	ADDRESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC		S BEFORE USING ATTA	CHMENTS
-Tilamac	J RICCI		Vice President Name	0.	
Street Address	V 1001			Ceci	
593 11	emlaced C		Street Address	4.16 C.	
City 1	State	*	SYS FLAINI	GELD ST	
Poulix	CLAC DT	Zip A7 (24/2	City	State	Zip
Secretary Name	Will the	02707	PROVIDENCE	E Ru	02909
Les A	RICI		Treasurer Name	- 0	
Street Address A	Nacy		- 1 Homas J	RICCI	
FOI Dis	11-101 X		Street Address	- (P	
199 /24//	WATERS OF		593 FLAINA	TELD ST	
Jan Maril	State OT	Zip	City	State	Zip
FROVIDENC	E Re-	02409	PLOV BENCE	RI	02909
9. NAMES AND A Director Name	ADDRESSES OF THE DIR	ECTORS ("X" BOX FOR ATT		ES BEFORE USING AT	FACHMENTS
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Street Address					
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City	Const.				
2117	State	Zip	City	State	Zip
Director Name		•			
Director Name			Director Name	•	• •

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AUTHORIZED SHARES	1000		C ZINNIE (ETUPZI		
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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 *
ile Date:	1.30.03
Theck No.:	978
ly:	NP
OR SECRETARY OF	STATE USE ONLY

Under penalty of perjury, I declare as	nd affirm that I have examined
this report, including any accompany	ying schedules and statements, and
that all statements contained herein	
_ Lon Blean	1/11/53
ignature of Officer	Date
LORI B. RICCI	
rint or Type Name of Officer	

Ferni 630 12/02



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

STOP PLEASE READ INSTRUCTIONS

· ······ jun	unity 1-march t	rung ree: \$50.00			INSTRU
(FORM MUST BE TYPED I	IN BLACK)				
1. Corporate ID No.	2. Name of Carpo	ration			
102793		HARDWARE, INC.			
3. Street Address Principal Bi	usiness Office		City 1	State	Zip
593 MA	NEED DT		PROVIDENCE	ET	02904
4. Business Phone No.	1. 1.	5. State of Incorporation		,,,,,	6. SIC Code
401-64		RHODE ISLAND			0
7. Brief Description of the Ch	naracter of Business Conducted	in Rhode Island			
8 NAMES AND ADD	DECCEC OF THE OF	FICERS ("X" BOX FOR ATTAC	· · · · · · · · · · · · · · · · · · ·		
President Name	A	FICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS
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City A 7 13	State	Zip	Cilin G D PLEURI	State 4	7/5
Howwood	. U	2909	PROVIDENCE	DI	02909
Secretary Name	, , , , ,	4 1 1	Treasurer Name		
1 me 1 //0	1/11 -			<i>[]</i>	
itreet Address	<i>(</i>		Street Address	ucc	
593 Plain	fuld St		593 Plan	1.18 4	
City (State	Zip	City 1	State	Zip
Frankere	e U	4005	from sence	a)	DENG
. NAMES AND ADD	RESSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACES	BEFORE USING AT	TACHMENTS
Director Name			Director Name		ACIMENTS
treet Address			Street Address		
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		** ***			•
Director Name			Director Name		•• •• ••
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his report must be s	signed in ink by eit.	her the President, Vice F	resident, Secretary, Assist	ant Secretary. Treas	surer. Receiver or T

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 Dute:	1-28-02
Check No.:	811
ву:	2.
OR SECRETARY OF	F STATE USE ONLY

Under penalty of perjury, I declare and	d affirm that I have examined
this report, including any accompanyi	ng schedules and statements, and
that all statements contained herein a	re true and correct.
Low Bleen	1/23/02
Signature of Officer	Date
LORI B RICCI	
Print or Type Name of Officer	

Signature of Officer	Date
LORI B RICCI	
Print or Type Name of Officer	
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3	E 620 1310

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

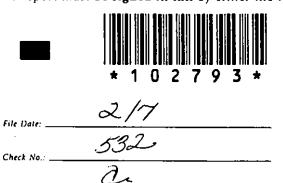
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No. 102793	2. Name of Corpor SCITUATE	ation . HARDWARE, INC.			
3. Street Address Principal Busin	ess Office ANFILLS	£	PROVIDENCE	State . FI	Zip 67 A 0 A
593 /1/ 4. Business Phone No. 401 -647		5. State of Incorporation RHODE ISLANI		<i>八工</i>	6. SIC Code
7. Brief Description of the Chara	cter of Business Conducted	In Rhode Island	L		
8. NAMES AND ADDR	L SME OR ESSES OF THE OFF	OTTICL LAWFUL ICERS ("X" BOX FOR ATTAC		BEFORE USING ATTA	CHMENTS
President Name	- 1		Vice President Name	1	
THOMAS -	J Klaci		LORI S	KILLI	
Street Address 593 PLA	NFIELD ST	~	Street Address SAM	FRELD ST	
CITY PROVINCENTS	State E RI	zip 17291:9	Perlisence	State	02909
Secretary Name		02707	Treasurer Name	T Sich	
Street Address PLA-NO	Med S		Street Addiess SA PA und	Gest St	
CHY PROVIDENCE	E State RI	21p 07909	PROVISENCE	State	210
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATT	ACHMENTS
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 AUTHORIZ	ZED ("X" BOX FOR AT	- TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	(די
AUTHORIZED SHARES /, (*)	20		ISSUJED SHARES O		
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR V	ALUE		\checkmark		

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



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.

Fore S	lice	1/15/01
Signature of Officer	· .	Date
Lore	B Ricci	

Print or Type Name of Officer



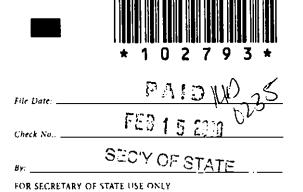
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

401-222-3040

Filing Period: Janua	iry 1-March I •	Filing Fee: \$50.00			IXSTRI
FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No. 102793	2 Name of Corporat SCITUATE	tion HARDWARE, INC.			
3. Street Address Principal Busin	VEIKLD ST	E State of the assessment on	PROVIDENCE	State RI	21p 02909 6. SIC Code
4. Business Phone No. HII — C 7. Brief Description of the Chaic	(H) - HGOO) acter of Business Conducted in	5. State of Incorporation RHODE ISLAND n Rhode Island			4457
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8. NAMES AND ADDR President Name	ESSES OF THE OFFI	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMEN 13
THOMAS ~	T River		Lasi & X	Cices	
Street Address			Street Address	() · ()	
593 FLAM	IMELD JT		593 FLAN	9811	
PROVIDENCE	State RI	21p 02909	LEVI'SENCE	state LI	21p
Secretary Name LORI B	RICI		THEMAS J	RICEI	
Street Address FLA	INFIELD ST		Street Address	FIELD ST	
City PROVIDENCE	E RI	07.909	Par DEN	K RI	671109
9. NAMES AND ADDE	RESSES OF THE DIRI	ECTORS ("X" BOX FOR ATTAC		ES BEFORE USING ATT	ACHMENTS
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 AUTHOR	IZED ("X" BOX FOR ATT	rachment)	11. SHARES ISSUED	- X* BOX FOR ATTACHMEN!	iT)
AUTHORIZED SHARES			ISSUED SHARES NO	ve	
Number of Shares	Class/Series	Par Value	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



1,000 NO PAR VALUE

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.

Print or Type Name of Offices

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

STOP PLEASE READ ENTRUCTION	
INSTRUCTIONS	

(FORM MUST BE TYPED	IN BLACK)	0			TASTRUT HOAV
1. Corporate ID No. 102793	2. Name of Corpo	E HARDWARE, INC.	~ •		
3 Street Address Principal 8.	usiness Office		City	State	Zip
· / · · · ·	untreed The	ET	PRINBENCE	RI	02909
4. Business Phone No.	- 49en	S. State of Incorporation		, (,	6. SIC Code
101 011	- 4960 haracter of Business Conducted	RHODE ISLAND	,		
			Carra		
8. NAMES AND ADI	NO COMPLESS. DRESSES OF THE OF	ALE AND RETHILL	SALES	C BERGER LINE	
President Name	a	IICERS (A BOX FOR ATTACK	Vice President Name	S BEFORE USING ATTA	CHMENTS
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Street Address	ANDFIELD STA		Street Address	, , , C	
City 195 7-4	STOPIELD STA	REET Zip	. 593 PLAIN	FIELD STRE.	!T
PROVINENT	CE RI	17210	: Sport Newland	State DT	Zip
Secretary Name	. 1	02/07	Treasurer Name		01404
	TH KICCI		THOMAS J	SEPH CICCI	
Street Address	alous C	- 0 0	Street Address	. / 0	
City 1	State	REET Zip	593 PLAIN	IFIELD STREAM	
PROVIDENCE	K RI	17909	Donal de la	State AT	Zip
9. NAMES AND ADD	DRESSES OF THE DIF	RECTORS ("X" BOX FOR ATTAI	アメゾンドンとんで2 CHMENT)(FILL IN SPAC	CES BEFORE USING ATT	ACHMENTS
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10. SHARES AUTHOR	117°D (444 - 444 - 4		·		4
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1,000 NO PAR V			•	Class/Series	† Par Value
.,			100 No PA	K VALUE	
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nis report must be s	signed in ink by eit	her the President, Vice Pr	esident, Secretary, Ass	sistant Secretary, Treas	urer, Receiver or Trustee
11					
					_
		 			



File Date:	Jan 23,99
Check No.:	116
Ву:	70.
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

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11	1 /2	1 1-
Munca Josep	in flecon	//3/99
Signature of Officer	Date	,
THOMAS JU	SEPh RI	cc.i
Print or Type Varie of Officer		