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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 12 2021
BY

Annual Report for the year: 2021
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	2. Exact name of the Corporation			
8822	Durfee Hardware Incorporated			
3. Principal Office Address		City	State	Zip
65 Rolfe Square		Cranston	RI	02910
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
444130	Retail Hardware			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Paul R. Durfee			Vice-President Name: Ryan Durfee		
Street Address: 46 Deerfield Drive			Street Address: 46 Deerfield Drive		
City: North Scituate	State: RI	Zip: 02867	City: North Scituate	State: RI	Zip: 02867
Secretary Name: Patrick W. Durfee			Treasurer Name: Paul R. Durfee		
Street Address: 46 Deerfield Dive			Street Address: 46 Deerfield Drive		
City: North Scituate	State: RI	Zip: 02867	City: North Scituate	State: RI	Zip: 02867

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Paul R. Durfee			Director Name: David A. Durfee		
Street Address: 46 Deerfield Drive			Street Address: 42 Deerfield Drive		
City: North Scituate	State: RI	Zip: 02867	City: North Scituate	State: RI	Zip: 02867
Director Name: Patrick W. Durfee			Director Name: Ryan Durfee		
Street Address: 46 Deerfield Drive			Street Address: 46 Deerfield Drive		
City: North Scituate	State: RI	Zip: 02867	City: North Scituate	State: RI	Zip: 02867

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	COMMON A	$100 PAR VALUE
1000	COMMON B	$100 PAR VALUE

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	Date
Paul R. Durfee, President	2/5/2021

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 636 - Revised 06-2020