



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 28 2024

BY [Signature]

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 F 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 STREET											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	250	COMMON	NO PAR			
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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 MARIO ANTONIO					Date 2/21/24									
Signature of Authorized Representative <u>[Signature]</u>														

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