

**State of Rhode Island
and Providence Plantations**

Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011
Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 522562		2. Name of Corporation CORBIN/HUFCOR, INC.			
3. Street Address Principal Business Office 100 WEYMOUTH STREET F1			City ROCKLAND	State MA	Zip 02370
4. Business Phone No. 800-345-5945		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island SALES OF MOVEABLE WALLS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)			FILL IN SPACES BEFORE USING ATTACHMENTS		
President Name NEAL T. DONAHUE			Vice President Name		
Street Address 65 TIFFANY ROAD			Street Address		
City NORWELL	State MA	Zip 02061	City	State	Zip
Secretary Name MARGARET M. PACELLA			Treasurer Name NEAL T. DONAHUE		
Street Address 1010 MAIN STREET			Street Address 65 TIFFANY ROAD		
City HANOVER	State MA	Zip 02339	City NORWELL	State MA	Zip 02061
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)			FILL IN SPACES BEFORE USING ATTACHMENTS		
Director Name FRANCIS R. FRANO			Director Name		
Street Address 23 DORIS ROAD			Street Address		
City BRAINTREE	State MA	Zip 02184	City	State	Zip
Director Name NEAL T. DONAHUE			Director Name		
Street Address 65 TIFFANY ROAD			Street Address		
City NORWELL	State MA	Zip 02061	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 12500	Class/Series	Par Value 0

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.

File Date	FILED
Check No.	DEC 15 2010
By:	By 2372
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 **Neal T. Donahue** Date **12-14-10**

NEAL T. DONAHUE

Print or Type Name

TREASURER

Title