

**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 2013**

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

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.

**FILED**

File Date	<b>DEC 18 2012</b>
Check No.	By <i>[Signature]</i>
By:	<b>3695</b>
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 *[Signature]* Date **12-11-12**

**NEAL T. DONAHUE**

Print or Type Name

**TREASURER**

Title