

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** ~~2012~~ 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>522562</u>		2. Exact name of the Corporation <u>CORBIN/HUFCOR, INC.</u>			
3. Principal office address <u>100 WEYMOUTH STREET F1</u>			City <u>ROCKLAND</u>	State <u>MA</u>	Zip <u>02370</u>
4. Business Phone No. <u>800-345-5945</u>			5. State of Incorporation <u>MA</u>		
6. Brief description of the character of business conducted in Rhode Island <u>SALES OF MOVEABLE WALLS</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name <u>NEAL T. DONAHUE</u>			Vice-President Name		
Street Address <u>65 TIFFANY ROAD</u>			Street Address		
City <u>NORWELL</u>	State <u>MA</u>	Zip <u>02061</u>	City	State	Zip
Secretary Name <u>MARGARET M. PACELLA</u>			Treasurer Name <u>NEAL T. DONAHUE</u>		
Street Address <u>1010 MAIN STREET</u>			Street Address <u>65 TIFFANY ROAD</u>		
City <u>HANOVER</u>	State <u>MA</u>	Zip <u>02339</u>	City <u>NORWELL</u>	State <u>MA</u>	Zip <u>02061</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name <u>NEAL T. DONAHUE</u>			Director Name		
Street Address <u>65 TIFFANY ROAD</u>			Street Address		
City <u>NORWELL</u>	State <u>MA</u>	Zip <u>02061</u>	City	State	Zip
Director Name <u>FRANCIS R. FRANO</u>			Director Name		
Street Address <u>23 DORIS ROAD</u>			Street Address		
City <u>BRAINTREE</u>	State <u>MA</u>	Zip <u>02184</u>	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>12500</u>		

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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY By 213081**FILED**

DEC 16 2013

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 of Authorized Representative

Date

NEAL T. DONAHUE

Print or Type Name of Authorized Representative