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	J FILE THIS KEP	OKT BI WAKCH 31 WIL	L INCOULT IN A \$25.00	TENACITICE.		
1. Entity ID No. 2	2. Exact name of the Corporation					
522562	CORBIN/HU	FCOR, INC.				
Principal office address	<u>.</u>		City		State	Zip
100 WEYMOUTH STREET F1			ROCKLAND		MA	02370
4. Business Phone No.			5. State of Incorporation			
800-345-5945			MA			
Brief description of the character of business conducted in Rhode Island SALES OF MOVEABLE WALLS						B DEC-
7. LIST ALL OFFICERS (NAME	S AND ADDRES	SES) ("X" BOX FOR AT	FACHMENT)			9 4
President Name			Vice-President Nan	ne		-0 C.C.
NEAL T. DONAHUE	EAL T. DONAHUE					PH ROUGH
Street Address			Street Address			- 00
65 TIFFANY ROAD						i i
City	State	Zip	City	State		Zip F
NORWELL	MA	02061				
Secretary Name		1010	Treasurer Name			
MARGARET M. PACE	LLA		NEAL T. D	ONAHUE		
Street Address			Street Address			· ·
1010 MAIN STREET			65 TIFFAN	Y ROAD		
City	State	Zip	City	State		Zip
HANOVER	MA	02339	NORWELL	MA		02061
8. LIST ALL DIRECTORS (NAM	IES AND ADDRE	SSES) ("X" BOX FOR A	TTACHMENT)			
Director Name			Director Name			DEC S
NEAL T. DONAHUE						
Street Address			Street Address			5 1
65 TIFFANY ROAD						(□) √
a						
City	State	Zip	City	State		Zip 💆 👸
NORWELL	State MA	Zip 02061	City	State		<u> </u>
NORWELL Director Name	MA	1 7	City Director Name	State		
NORWELL Director Name FRANCIS R. FRANC	MA	1 7		State		<u> </u>
NORWELL Director Name FRANCIS R. FRANC Street Address	MA	1 7		State		
NORWELL Director Name FRANCIS R. FRANC Street Address 23 DORIS ROAD	MA	02061	Director Name Street Address	State		
NORWELL Director Name FRANCIS R. FRANC Street Address 23 DORIS ROAD City	MA State	02061	Director Name	State		
NORWELL Director Name FRANCIS R. FRANC Street Address 23 DORIS ROAD City BRAINTREE	MA	02061	Director Name Street Address City	State		70 05 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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NORWELL Director Name FRANCIS R. FRANCISTORIC Street Address 23 DORIS ROAD City BRAINTREE 9. SHARES AUTHORIZED	State MA	02061 Zip 02184	Director Name Street Address City	State		70 05 05 05 05 05 05 05 05 05 05 05 05 05
NORWELL Director Name FRANCIS R. FRANCIS Street Address 23 DORIS ROAD City BRAINTREE 9. SHARES AUTHORIZED This information is currently of of State. Changes require an accordance in the state of the s	State MA Frecord in the Ofdditional filing.	02061 Zip 02184	Director Name Street Address City 10. SHARES ISSU	State JED ("X" BOX FOR AT		Zip
NORWELL Director Name FRANCIS R. FRANCIS Street Address 23 DORIS ROAD City BRAINTREE 9. SHARES AUTHORIZED This information is currently of	State MA Frecord in the Ofdditional filing.	02061 Zip 02184	Director Name Street Address City 10. SHARES ISSU NUMBER OF SHARES	State JED ("X" BOX FOR AT		Zip
NORWELL Director Name FRANCIS R. FRANCIS Street Address 23 DORIS ROAD City BRAINTREE 9. SHARES AUTHORIZED This information is currently of of State. Changes require an ac See Section 9 of instruction sh	State MA Frecord in the Of dditional filing. eet.	Zip 02184	Director Name Street Address City 10. SHARES ISSU NUMBER OF SHARES 12500	State JED ("X" BOX FOR AT CLASS/SERIES	TACHMEN	Zip PAR VALUE
NORWELL Director Name FRANCIS R. FRANCIS Street Address 23 DORIS ROAD City BRAINTREE 9. SHARES AUTHORIZED This information is currently of of State. Changes require an address and the state.	State MA f record in the Of dditional filing. eet.	Zip 02184	Director Name Street Address City 10. SHARES ISSU NUMBER OF SHARES 12500	State JED ("X" BOX FOR AT CLASS/SERIES corporation is in the ha	TACHMEN	Zip PAR VALUE

File Date	FILED 12:18	Under penalty of perjury, I declare and affirm the this report, including any accompanying schedulard that all statements contained herein are true	iles and statements.
Check No	, ν ριιν		4 4
Ву:	DEC 16 2013	"Viall- malund-	12-3-13
	7,2001	Signature of Authorized Representative	Date
FOR SECRETARY OF STATE USE ONLY	18y 213081	NEAL T. DONAHUE	
orm No. 630	VMA	Print or Type Name of Authorized Representative	
evised: 01/2012	CVV		

Revised: 01/2012