

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 2015

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 CORBIN/HUFCOR, INC.			
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name NEAL T. DONAHUE			Director Name		
Street Address 65 TIFFANY ROAD			Street Address		
City NORWELL	State MA	Zip 02061	City	State	Zip
Director Name FRANCIS R. FRANO			Director Name		
Street Address 23 DORIS ROAD			Street Address		
City BRAINTREE	State MA	Zip 02184	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
			12500		

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 5115

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.

Neal T. Donahue 12-3-14
 Signature of Authorized Representative Date

NEAL T. DONAHUE

Print or Type Name of Authorized Representative