

**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**

2016

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.<br><b>577562</b>  |                    | 2. Exact name of the Corporation<br><b>CORBIN, HUF COR, INC.</b> |   |                    |                     |
| 3. Principal office address<br><b>100 WEYMOUTH STREET F1</b>   |                    |  | City<br><b>ROCKLAND</b>                           | State<br><b>MA</b> | Zip<br><b>02370</b> |
| 4. Business Phone No.<br><b>800-345-5945</b>   |                    | 5. State of Incorporation<br><b>MA</b>                           |   |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>SALES OF MOVEABLE WALLS</b>  |                    |  |   |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>   |                    |  |   |                    |                     |
| President Name<br><b>NEAL T. DONAHUE</b>   |                    |  | Vice-President Name                               |                    |                     |
| Street Address<br><b>65 TIFFANY ROAD</b>   |                    |  | Street Address                                    |                    |                     |
| City<br><b>NORWELL</b>   | State<br><b>MA</b> | Zip<br><b>02061</b>  | City  | State              | Zip                 |
| Secretary Name<br><b>MARGARET M. PACELLA</b>   |                    |  | Treasurer Name<br><b>NEAL T. DONAHUE</b>          |                    |                     |
| Street Address<br><b>1010 MAIN STREET</b>  |                    |  | Street Address<br><b>65 TIFFANY ROAD</b>          |                    |                     |
| City<br><b>HANOVER</b>   | State<br><b>MA</b> | Zip<br><b>02339</b>  | City<br><b>NORWELL</b>                            | State<br><b>MA</b> | Zip<br><b>02061</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>  |                    |  |   |                    |                     |
| Director Name<br><b>NEAL T. DONAHUE</b>  |                    |  | Director Name                                     |                    |                     |
| Street Address<br><b>65 TIFFANY ROAD</b>   |                    |  | Street Address                                    |                    |                     |
| City<br><b>NORWELL</b>   | State<br><b>MA</b> | Zip<br><b>02061</b>  | City  | State              | Zip                 |
| Director Name<br><b>FRANCIS R. FRANO</b>   |                    |  | Director Name                                     |                    |                     |
| Street Address<br><b>23 DORIS ROAD</b>   |                    |  | Street Address                                    |                    |                     |
| City<br><b>BRAINTREE</b>   | State<br><b>MA</b> | Zip<br><b>02184</b>  | City  | State              | Zip                 |
| <b>9. SHARES AUTHORIZED</b>  |                    |  | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> |                    |                     |
| 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           |
|  |                    |  | <b>12500</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.

File Date \_\_\_\_\_

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

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

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**FILED**

FEB 01 2016

RV 16L5874

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* 12/3/2015  
 Signature of Authorized Representative Date

**NEAL T. DONAHUE**

Print or Type Name of Authorized Representative