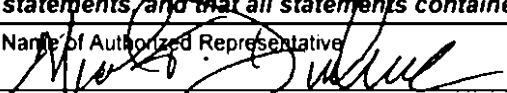



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2018  
**Corporation**

- Filing period: January 1 - March 1  
 → Filing Fee \$50.00  
 → Penalty Additional \$25.00 fee if form is not filed by April 1

1. Entity ID Number <b>522562</b>		2. Exact name of the Corporation <b>CORBIN/HUECOR, INC. (237990)</b>			
3. Principal Office Address <b>100 WEYMOUTH STREET F1</b>			City <b>ROCKLAND</b>	State <b>MA</b>	Zip <b>02370</b>
4. Business Phone Number <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. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</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. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name <b>NEAL T. DONAHUE</b>			Director Name <b>FRANCIS R. FRANO</b>		
Street Address <b>65 TIFFANY ROAD</b>			Street Address <b>23 DORIS ROAD</b>		
City <b>NORWELL</b>	State <b>MA</b>	Zip <b>02061</b>	City <b>BRAINTREE</b>	State <b>MA</b>	Zip <b>02184</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		12500			
				PAR VALUE	
11. 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.					
<b>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.</b>					
Name of Authorized Representative 					Date <b>12/8/17</b>
Signature of Authorized Representative <b>NEAL T. DONAHUE</b>					

**FILED**

DEC 13 2017 

BY 7045

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov