RI SOS Filing Number: 201882750470 Date: 12/17/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2010

Corporation

- → Filing period: January 1 March 1
- → Filing Fee: \$50 00
- → Penalty: Additional \$25 00 fee if form is not filed by April 1.

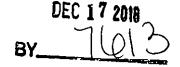
| | | | | | | _ | | | |
|--|---|----------|------------------------|------------------|---------------------------------------|---------------|-----------|-------------------|--|
| 1 Entity ID Number | 2. Exact name of | f the | Corporation | <u> </u> | | | | | |
| 1522502 | CORBIN/: | IUF | COR, INC. | | | | | | |
| 3. Principal Office Address | | | | | City | | | Zip | |
| 100 WEYMOUTH ST | ROCKI | .AND | | MA | 02370 | | | | |
| 4. NAICS Code | 6. Brief description of the character of business | | | | | | | | |
| 235900 | | | | | | | | | |
| State of Incorporation | 1 | | | | | | | | |
| MA | SALES OF | V | OVEABLE WAI | T.S | | | | | |
| 7. List ALL officers (names and | 1 | | OVADIIL WY | 100 | Che | ck the box | to indica | ate an attachment | |
| President Name | | | | Vice-Presid | lent Name | | | | |
| NEAL T. DONAHUE | | | | · · · · <u>-</u> | | | | | |
| Street Address | | | | Street Address | | | | | |
| 65 TIFFANY ROAD | | | | | | | | | |
| City | State | Zip | | City | | State | | Zip | |
| NORWELL | MA | 10 | 2061 | | | | | | |
| Secretary Name | | | | | Treasurer Name | | | | |
| MARGARET M. PACELLA | | | | NEAL T. DONAHUE | | | | | |
| Street Address | | | | Street Address | | | | | |
| 1010 MAIN STREET | | | | 65 TIFFANY ROAD | | | | | |
| City | State | Zıp | | City | | State | Ĭ | Zip | |
| HANOVER | MA | MA C2339 | | NORWE | CLL | MA | | 02061 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment | | | | | | | | ate an attachment | |
| Director Name | | | | | Director Name | | | | |
| NEAL T. DONAHUE | | | | FRANCIS R. FRANO | | | | | |
| Street Address | | | | Street Address | | | | | |
| 65 TIFFANY ROAD | | | | 23 DORIS ROAD | | | | | |
| City | State | Zip | | City | | State | | Zip | |
| NORWELL. | MA | 0 | 2061 | BRAINTREE | | MA | | 02184 | |
| Director Name | | | | | Director Name | | | | |
| | | | | | | | | | |
| Street Address | | | | Street Address | | | | | |
| | | | | | | | | | |
| City | State | Zip | | City | | State | | Zip | |
| 0.00 | | | 10 Character and | | Chy | ak tha hay | to indic | ata an attachment | |
| 9 Shares Authorized This information is currently of record in the Department of State. | | | | | eck the box to indicate an attachment | | | | |
| | | | NUMBER OF SH 1250 | | | | | PAR VALUE | |
| Changes require an additional filing. | | | | | | | 1 | | |
| | | ornor | ation by an authorized | representa | tive If the comoration | is in the har | nds of a | receiver or | |
| 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 | | | | | | | | | |
| | | | | | | accompai | nvina s | schedules and | |
| 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. | | | | | | | | | |
| Name of Authorized Representative | | | | | | | | <u> </u> | |
| December 12, 2018 | | | | | | | | | |
| Signature of Authorized Representative | | | | | | | | | |
| NEAL T. DONAHUE | | | | | FILED | | | | |
| | | | | | , VIII 642 65 | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 08/2017