

COR026

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

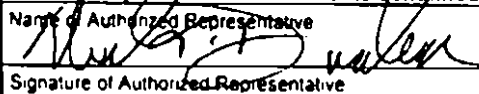
Annual Report for the year: 2021
Corporation

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

FILED

JAN 07 2021

RF 366B

1. Entry ID Number <u>522302</u>		2. Exact name of the Corporation CORBIN/HUECOR, INC.			
3. Principal Office Address P.O. BOX 556			City ROCKLAND	State MA	Zip 02370
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island SALES OF MOVEABLE WALLS			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		12500			
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.					
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 					Date 12-30-20
Signature of Authorized Representative NEAL T. DONAHUE					

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