

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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

DEC 16 2021

BY 9141

1. Entity ID Number <u>0222502</u>		2. Exact name of the Corporation CORBIN/HUFCOR, 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				
5. State of Incorporation MA	SALES OF MOVEABLE WALLS				
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 734 UNION STREET			Street Address 65 TIFFANY ROAD		
City ROCKLAND	State MA	Zip 02370	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			
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 <u>Neal T. Donahue</u>					Date <u>12-14-21</u>
Signature of Authorized Representative NEAL T. DONAHUE					

MAIL TO:

Division of Business Services
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Website: www.sos.nj.gov