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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
33722	PARMA DOORS,INC.		
3. Street Address Principal Business Office	City	State	Zip
69 GEO.WASHINGTON HWY.	SMITHFIELD	RHODE ISLAND	02917
4. Business Phone No.	5. State of Incorporation		
401-2331-0617	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
SALES AND INSTALLATION OF OVERHEAD DOORS & OPERATORS

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
SCOTT BROWNING			CHERYL BROWNING		
Street Address			Street Address		
23 BARNES ST.			2 PIECE PIPE TRAIL		
City	State	Zip	City	State	Zip
GREENVILLE	R.I.	02828	SMITHFIELD	R.I.	02917
Secretary Name			Treasurer Name		
ALFRED BROWNING			ALFRED BROWNING		
Street Address			Street Address		
35 MANN SCHOOL RD.			35 MANN SCHOOL RD.		
City	State	Zip	City	State	Zip
SMITHFIELD	R.I.	02917	SMITHFIELD	R.I.	02917

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
ALFRED BROWNING			CHERYL BROWNING		
Street Address			Street Address		
35 MANN SCHOOL RD.			2 PIECE PIPE TRAIL		
City	State	Zip	City	State	Zip
SMITHFIELD	R.I.	02917	SMITHFIELD	R.I.	02917
Director Name			Director Name		
SCOTT BROWNING					
Street Address			Street Address		
23 BARNES ST.					
City	State	Zip	City	State	Zip
GREENVILLE	R.I.	02828			

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
34	COMMON	NO PAR

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.

[redacted] [redacted]

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.

Scott Browning 1/7/07
Signature *Date*

Scott Browning
Print or Type Name

Pres.
Title

FILED
File Date JAN 10 2008
Check No. 1644
By:
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/06

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