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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 2007

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		
000139880	CAROLINA DOOR CONTROLS, INC		
3. Street Address Principal Business Office	City	State	Zip
3424 INDUSTRIAL DRIVE	DURHAM	NC	27704
4. Business Phone No.	5. State of Incorporation		
919-381-0094	NORTH CAROLINA		

6. Brief Description of the Character of Business Conducted in Rhode Island
SALES AND SERVICE OF AUTOMATIC DOORS

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

President Name	Vice President Name
GERALD HENDRICK	
Street Address	Street Address
6060 CAMELIA DRIVE	
City / State / Zip	City / State / Zip
DOUGLASVILLE / GA / 30135	
Secretary Name	Treasurer Name
JEFFREY M NEAL	
Street Address	Street Address
2807 CARVER ROAD	
City / State / Zip	City / State / Zip
CROFTON / MD / 21114	

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

Director Name	Director Name
DANIEL P CONNOR	LAWRENCE O'TOOLE
Street Address	Street Address
73 JESSICA CIRCLE	32602 COPPERCREST DRIVE
City / State / Zip	City / State / Zip
SCHWENKSVILLE / PA / 19473	TRUBUCO CANYON / CA / 92679
Director Name	Director Name
CHRISTIAN SALLACH	
Street Address	Street Address
BRECKERFELD STRABE 42-48	
City / State / Zip	City / State / Zip
D=58256 ENNEPETAL / GERMANY /	

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0	0	0

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]

FILED
File Date OCT 18 2010
Check No. By DS
By: 129023
54610-13-525770
FOR SECRETARY OF STATE USE ONLY

[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.

Jeffrey M Neal — 12/03/09
Signature — *Date*

JEFFREY M NEAL
Print or Type Name

SECRETARY/CONTROLLER
Title

Form 630 Rev. 08/08