



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|--|----------------------|---|---|----------------------|---------------------|
| 1. Entity ID No. 33722 | | 2. Exact name of the Corporation PARMA DOORS INC. | | | |
| 3. Principal office address 69 GEO. WASHINGTON HWY. | | City SMITHFIELD | State R.I. | Zip 02917 | |
| 4. Business Phone No. 401-231-0617 | | 5. State of Incorporation R.I. | | | |
| 6. Brief description of the character of business conducted in Rhode Island SALES AND INSTALLATION OF OVERHEAD DOORS AND OPERATORS | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name SCOTT BROWNING | | Vice-President Name ALFRED BROWNING | | | |
| Street Address 23 BARNES ST. | | Street Address 35 MANN SCHOOL RD. | | | |
| City GREENVILLE | State R.I. | Zip 02828 | City SMITHFIELD | State R.I. | Zip 02917 |
| Secretary Name ALFRED BROWNING | | Treasurer Name ALFRED BROWNING | | | |
| Street Address 35 MANN SCHOOL RD. | | Street Address 35 MANN SCHOOL RD. | | | |
| City SMITHFIELD | State E.I. | Zip 02917 | City SMITHFIELD | State R.I. | Zip 02917 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name ALFRED BROWNING | | Director Name SCOTT BROWNING | | | |
| Street Address 35 MANN SCHOOL RD. | | Street Address 23 BARNES ST. | | | |
| City SMITHFIELD | State R.I. | Zip 02917 | City GREENVILLE | State R.I. | Zip 02828 |
| Director Name | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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. | | | 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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 23 2015

BY

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative