



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

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.

Alfred H. Browning 1/15/15
 Signature of Authorized Representative Date

ALFRED H. BROWNING
 Print or Type Name of Authorized Representative