

State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

Annual Report for the year: 2019
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 522562		2. Exact name of the Corporation CORBIN/HUF COR, INC.				
3. Principal Office Address 100 WEYMOUTH STREET #1			City ROCKLAND	State MA	Zip 02370	
4. NAICS Code 235900		6. Brief description of the character of business conducted in Rhode Island SALES OF MOVABLE WALLS				
5. State of Incorporation MA						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment	
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 1010 MAIN STREET			Street Address 65 TIFFANY ROAD			
City HANOVER	State MA	Zip 02339	City NORWELL	State MA	Zip 02061	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment	
Director Name NEAL T. DONAHUE			Director Name FRANCIS R. FRANO			
Street Address 65 TIFFANY ROAD			Street Address 23 DORIS ROAD			
City NORWELL	State MA	Zip 02061	City BRAINTREE	State MA	Zip 02184	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment
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 <i>Neal T. Donahue</i>					Date December 12, 2018	
Signature of Authorized Representative NEAL T. DONAHUE						

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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