



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 2018**

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. Corporation ID No 000506517		2. Name of Corporation DOOR SYSTEMS INC.		
3. Street Address Principal Business Office 120 ALEXANDER STREET		City FRAMINGHAM	State MA	Zip 01702
4. Business Phone No (508)875-3508		5. State of Incorporation MA		
6. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTION AND SERVICE OF OVERHEAD DOORS AND OPENERS AND PARTS (339999)				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name LARS A NIIT		Vice President Name		
Street Address 12 EVERETT STREET		Street Address		
City SHERBORN	State MA	Zip 01770	City	State
Secretary Name LARS A NIIT		Treasurer Name		
Street Address 12 EVERETT STREET		Street Address		
City SHERBORN	State MA	Zip 01770	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name NONE		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED				
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
		300	CNP	0
		1000 THIS SECTION	PNP	0

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 JUL 25 AM 10:33  
 2019 AUG 21 AM 10:21

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.

**FILED**

AUG 21 2019

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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: *[Signature]* Date: 6/5/19  
 LARS A NIIT  
 Print or Type Name  
 PRESIDENT  
 Title

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
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