RI SOS Filing Number: 202186128620 Date: 1/12/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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

FILED
JAN 12 2021
BY 21365

1. Entity ID Number	2. Exact name of the Corporation
33722	PARMA DOORS INC.

3. Principal Office Address	City	State	Zip
69 GEO.WASHINGTON HWY.	SMITHFIELD	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238290	SALES & INSTALLATION OVERHEAD DOORS AND OPENERS
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: SCOTT BROWNING			Vice-President Name: ALFRED BROWNING		
Street Address: 44 MANN SCHOOL RD.			Street Address: 35 MANN SCHOOL RD.		
City: SMITHFIELD	State: RI	Zip: 02917	City: SMITHFIELD	State: RI	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: RI	Zip: 02917	City: SMITHFIELD	State: RI	Zip: 02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: ALFRED BROWNING			Director Name		
Street Address: 35 MANN SCHOOL RD.			Street Address		
City: SMITHFIELD	State: RI	Zip: 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
34	COMMON	NO PAR

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: ELIZABETH BROWNING — Date: 1/8/21

Signature of Authorized Representative: Elizabeth Browning

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

FORM 630 - Revised: 08/2020