State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation

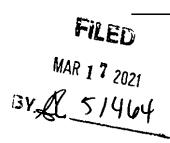
2021

→ Filing period. January 1 - March 1

→ Filing Fee \$50.00

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→ Penalty: Additional \$25.00 fee if form is not filed by April 1.



Entity ID Number	2. Exact name of the Corporation							
000070536	GENERAL DOORS CORPORATION							
Principal Office Address			City			State	Zip	
550 POND ST			WOONS	SOCKET		Rl	02895	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
321900								
5. State of Incorporation								
PA GARAGE DOORS								
7 List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name				Vice-President Name				
GEORGE P CAIN, JR				WILLIAM J. CAIN				
Street Address				Street Address				
_1425 BROAD STREET			709 STEWARTS WAY					
City	State	Zıp	City		State	2	ip	
DRESHER	PA	19025	YARDI	YARDLEY PA			19067	
Secretary Name			Treasurer Name					
Street Address			Street Address					
			<u> </u>					
City	State	Zip	City		State	Z	Zip	
8 List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name				Director Name				
Street Address			Street Address					
City	State	Zip	City		State	2	Zip	
			Į					
Director Name		Director Name						
Street Address		Street Address						
Olice (Address		Street Address						
City	State	Zip	City		State	7 2		
			- ',				•	
9 Shares Authorized		10. Shares Issued	•	Che	eck the box t	to indicat	e an attachment	
This information is currently of record in the Department of State.		1	NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		100	1000C			1		
Changes require an additional filing.								
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 Anthough Representative						Date 3 -10-21		
Signature of Authorized Representative								
GEORGE P CAIN JR								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov