



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|--|--------------------|--|---|-------------------------------|----------------------------|
| 1. Entity ID Number 33722 | | 2. Exact name of the Corporation PARMA DOORS INC. | | | |
| 3. Principal Office Address 69 GEO. WASHINGTON HWY. | | | City SMITHFIELD | State RI | Zip 02917 |
| 4. NAICS Code 238290 | | 6. Brief description of the character of business conducted in Rhode Island SALES & INSTALLATION OVERHEADS DOORS AND OPENERS | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued | | |
| | | | NUMBER OF SHARES 34 | CLASS/SERIES COMMON | PAR VALUE 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 ALFRED BROWNING | | | | | Date 3/4/22 |
| Signature of Authorized Representative <i>[Signature]</i> | | | | | |

MAIL TO

Division of Business Services

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