



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

MAR 09 2022
 BY *[Signature]*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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			10. Shares Issued 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.			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 ALFRED BROWNING					Date 3/4/22
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO
 Division of Business Services
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 Website: www.sos.ri.gov