

## State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040

LOGOUT

Business	Corporation
Annual Re	eport

Filling Period: January 1 - March 1



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 nubject to a prepalty for of \$25.00

ANNUAL REPORT	YEAR:
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- 1. Corporate ID No. 000014308
- 2. Name of Corporation Handcrafts And Sweet Tooth Confections, Inc.
- 3. Street Address Principal Business Office:

No. and Street: 59 PINECREST DRIVE

City or Town:

**PAWTUCKET** 

State: RI

Zip: 02861

Country: USA

4. Business Phone No.

401-726-4520

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

FLORAL DESIGNS, CRAFT TEACHER, HAND PAINTING.



## 7. Names and Addresses of the Officers and Directors:

ſ		Title	Individual Name	Address		
	Delete	First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country		
ı		President	Elizabeth A. Collins	59 Pinecrest Drive Daviducket Ritar 861-USA		

A14308

F	PRESIDENT	ELIZABETH A COLLINS		59 PINECREST DRIVE PAWTUCKET, RI 02861 USA				
Select From Be First Name: Eliz Address: 59 F	zabeth				2071	Suffix: Country: US(す Clear Add		
8. Shares Author	orized and Issu	1eq						
Class of Sto	ock Serie	es of Stock	Par Value Per	<b>O</b> (10.10	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares		
STK			\$0.00		100.00	0.00		
9. 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. Filer's Contact Information								
(Enter a contact Contact Name:	ELIZABE	ETH A. CO	OLLINS	ONEFET	TAC.			
	Business Name: HANDERAFTS + SWEET TOOTH CONFECTION INC.  No. and Street: 59 Pinecrest Drive - Same Address as -							
Contact Phone:		20 ext.		e.T zip	02 <i>561</i> C	Country: USA		
Clear Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.								
signature of the acknowledgeme individual's act are true, as of the Signature of	individual or ant of the signal and deed or the date of the date	individuals s story, under p ne act and de electronic fili 1, epresentative	igning this instr penalties of perji ed of the corpor	rument con ury, that th ration, and ce with R.	rporator(s). This astitutes the affirm his instrument is that the facts state. Gen. Laws § 7.	mation or that ated herein		