

Check No. \_

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Composition   No.   Assert Collaboration   COLLINS COLLINS CONSTRUCTION CO., INC.	subject to a penalty fee of \$25.00.	301(e), each corporation fa	iling or refusing to file its ann	uai report within thirty (30) days a	fter the time prescribed by lai	v (R.I.G.L. /-1.2-1501(c&d))
33 SWINDELLS STREET, PO BOX 2569  - Brothers Phone No. 508-678-5201  - State of Incorporation MASSACHUSETTS  - State of Incorporation MASSACHUSETTS  - State of Incorporation MASSACHUSETTS  - Report No. 6 Breef Description of the Character of Business Conducted it. Rhode Islands GENERAL BUILDING AND CONSTRUCTION WORK OF ALL KINDS  - NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS President Name JAMES H. COLLINS  - Street Address 1810 HIGHLAND AVENUE  - Street Address - AS ABOVE  - Gity	•	2. Name of Corporation COLLINS CONSTRUCTION CO., INC.				
508-678-5201 MASSACHUSETTS  6. Brelf Description of the Character of Business Conducted to Model Island GENERAL BUILDING AND CONSTRUCTION WORK OF ALL KINDS  7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS President Name  JAMES H. COLLINS  Street Address 1810 HIGHLAND AVENUE  City State  City State  AS ABOVE  City State  Street Address AS ABOVE  City State  Street Address AS ABOVE  City State  Zip  City State  Zip  City State  Zip  City State  Zip  Street Address AS ABOVE  City State  Zip  City State  Zip  City State  Zip  City State  Zip  Director Name  JAMES H. COLLINS  Street Address AS ABOVE  City State  Zip  City State  Zip  City State  Zip  Director Name  Street Address  AS ABOVE  City State  Zip  City State  Zip  Director Name  Street Address  AS ABOVE  City State  Zip  Director Name  Street Address  AS ABOVE  City State  Zip  Director Name  Street Address  AS ABOVE  City State  Zip  Director Name  Street Address  AS ABOVE  City State  Zip  Director Name  Street Address  AS ABOVE  City State  Zip  Name  State  City State  Zip  Name  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	3. Street Address Principal Business Office 33 SWINDELLS STREET, PO BOX 2569			City FALL RIVER		
GENERAL BUILDING AND CONSTRUCTION WORK OF ALL KINDS  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS President Name  JAMES H. COLLINS  Street Address  AS ABOVE  GIV State   Zip   State   Zip    Street Address   AS ABOVE  Street Address   Street Address    Street Address   AS ABOVE  AS ABOVE  Street Address   Street Address    Street Address   AS ABOVE  Street Address   Street Address    Street Address   State   State   State   State   State   State    Street Address   State   State   State   State   State   State   State    Street Address   State   State				S		
President Name   JAMES H. COLLINS   JAMES H. COLLINS				***		
JAMES H. COLLINS  Street Address 1810 HIGHLAND AVENUE  Street Address AS ABOVE  City FALL RIVER MA  O2720  City FALL RIVER MA  O2720  City FALL RIVER MA  O2720  City State  Treasurer Name JAMES H. COLLINS  Street Address AS ABOVE  City State  Zip City State Zip City State Zip Street Address AS ABOVE  City State Zip Street Address AS ABOVE  Street Address AS ABOVE  City State Director Name JAMES H. COLLINS  Street Address AS ABOVE  City State Zip City State Zip City State Zip Director Name  Director Name  Director Name  Director Name  Director Name  The control Name  Director Name  Director Name  The control Name  Director Name  Director Name  The control Name  Director Name  The control Name  Director Name  The control Name  Director Name  Director Name  Director Name  The control Name  Director Name  Director Name  The control Name  Street Address  Street Address  City State Zip  10. SHARES SUED ("X" BOX FOR ATTACHMENT)  State Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  State Zip  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  150 COMMON NPV		OF THE OFFICERS:	("X" BOX FOR ATTA	<u> </u>	CES BEFORE USING	ATTACHMENTS
AS ABOVE    City   State   MA				•		
FALL RIVER  Secretary Name  JAMES H. COLLINS  Street Address AS ABOVE  State  Zip  City  State  Zip  Onector Name  Street Address  Street Address				Street Address		
JAMES H. COLLINS  Street Address AS ABOVE  State  Ztp  City  State  Ztp  City  State  Ztp  City  State  Director Name  JAMES H. COLLINS  Street Address AS ABOVE  City  State  Ztp  Street Address  Street Address  Street Address  City  State  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  New York State  Street Address  Class/Series  Par Value  Par Value  Par Value  Par Value  Par Value  This information is currently of coome and ditional filing. See Section 9 of  150  COMMON  NPV				City	State	Zip
AS ABOVE  Gity  State  Zip  Gity  State  Zip  Gity  State  Zip  State  Director Name  JAMES H. COLLINS  Street Address  AS ABOVE  Gity  State  Zip  Gity  State  Zip  Gity  State  Zip  Director Name  Street Address  AS ABOVE  Gity  State  Zip  Director Name  Street Address  Street Address  Street Address  Street Address  Director Name  Director Name  Director Name  Street Address  Street Address  Street Address  Street Address  City  State  Zip  Othy  State  This street Address  City  State  Zip  Othy  State  This state  Zip  Othy  State  This state  Zip  Othy  State  This state  Zip  Othy  State  Zip  Othy  State  This state  Zip  Othy  State  This state  Zip  Othy  State  Zip						
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  JAMES H. COLLINS  Street Address  AS ABOVE  City State Zip City State Zip  Director Name  Street Address  City State Zip City State Zip  Otherwise Address  City State Zip City State Zip  The State Street Address  City State Zip City State Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 150 COMMON NPV				•		
Director Name  JAMES H. COLLINS  Street Address  AS ABOVE  City State Zip  Director Name  Director Name  Director Name  Street Address  City State Zip  City State Zip  City State Zip  On State Zip  Number of Sbares Class/Series Par Value  State Changes require an additional filing. See Section 9 of  On State State Common Nev	City	State	Zip	City	State	Zip
AS ABOVE  City State Zip City State Zip  Director Name  Street Address  City State Zip  Oity State Zip  Oity State Zip  Oity State Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  150 COMMON NPV	Director Name					
City State Zip City State Zip  Director Name  Street Address  City State Zip  City State Zip  City State Zip  City State Zip  Other Address  Street Address  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  City State Zip  City State Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)    ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Series Par Value  150 COMMON NPV				Street Address		
Director Name  Street Address  Street Address  City  State  Zip  City  State  Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  Director Name  Street Address  City  State  Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Series  Par Value  150  COMMON  NPV		State	Zip	City	State	Zip
Street Address  Street Address  City  State  Zip  City  State  Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  Street Address  City  State  Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Series  Par Value  150  COMMON  NPV	*******************************	<u> </u>	<u> </u>			·
City  State  Zip  Gity  State  Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  150  COMMON  NPV	Director Name			Director Name		
9. SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  150 COMMON NPV	Street Address			Street Address		
ISSUED SHARES — THIS SECTION MUST BE COMPLETED  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  State. Changes require an additional filing. See Section 9 of  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  **Number of Shares**    Par Value	City	State	Zip	City	State	Zip
State. Changes require an additional filing. See Section 9 of 150 COMMON NPV	9. SHARES AUTHORIZED			· —		
	State. Changes require an additional filing. See Section 9 of			Number of Shares	Class/Series	Par Value
				150	COMMON	NPV
Į į						
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.	This report must be executed of this report must be executed of	on behalf of the corpo	oration by an authorize	ed representative. If the corpor trustee.	poration is in the hands	of a receiver or trustee,
Under penalty of perjury, I declare and affirm that I have examined the including any accompanying schedules and statements, and that all s						
File Date 1-12-2010	1-12-	-2010				concins, and that an statem

JAMES H. GÖLLINS

Print or Type Name **PRESIDENT** 

Title