



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>14308</u>		2. Exact name of the Corporation <u>Handicrafts and Sweet Tooth Confections, INC</u>		
3. Principal office address <u>59 PINECREST DRIVE</u>		City <u>PAWTUCKET</u>	State <u>R.I</u>	Zip <u>02861</u>
4. Business Phone No. <u>401-726-4520</u>		5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island <u>FLORAL, FABRIC DESIGNS, CRAFT TEACHER</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>ELIZABETH A. COLLINS</u>		Vice-President Name <u>HENRY NELSON COLLINS</u>		
Street Address <u>59 PINECREST DRIVE</u>		Street Address <u>59 PINECREST DRIVE</u>		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>PAWTUCKET</u>	State <u>RI</u>
Secretary Name <u>HENRY NELSON COLLINS</u>		Treasurer Name <u>ELIZABETH A. COLLINS</u>		
Street Address <u>59 PINECREST DRIVE</u>		Street Address <u>59 PINECREST DRIVE</u>		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>PAWTUCKET</u>	State <u>RI</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<u>100-00</u>	<u>STIC</u>	<u>0.00</u>

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.

File Date _____

FILED

Check No _____

FEB 15 2012

By: _____

By AMC

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.

Elizabeth G. Collins
 Signature of Authorized Representative Date February 14, 2012

FOR SECRETARY OF STATE USE ONLY

CU# 2224

Print or Type Name of Authorized Representative

ELIZABETH A. COLLINS