

1. Entity ID No.

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 _

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

2. Exact name of the Corporation

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

4445	COLLIN	COLLINGS REALTY, INC.				
3. Principal office address 25 Oakwood Avenue		City Pawcatuck	State CT	Zip 06379		
4. Business Phone No. 860-599-1241			5. State of incorporation Rhode Island			
Real Estate Holding		conducted in Rhode Island				
. LIST <u>ALL</u> OFFICERS (N resident Name Patricia Nelson	AMES AND ADDR	ESSES) ("X" BOX FOR AT	Vice-President Name Nancy Turrisi			
Street Address 1401 2nd Street			Street Address 25 Oakwood Avenue			
Dity Edgewater	State FL	Zip 32132	City Pawcatuck	State CT	Zip 06379	
Secretary Name Patricia Nelson			Treasurer Name Nancy Turrisi			
Street Address as above			Street Address as above			
City	State	Zip	City	State	Zip	
LIST ALL DIRECTORS	NAMES AND ADI	ORESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Patricia Nelson			Nancy Turrisi			
Street Address as above			Street Address as above			
City	State	Zip	City	State	Zip	
Director Name			Director Name		<u> </u>	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
). SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.			150	common	no par	
This report must be execu	ted on behalf of the this report m	e corporation by an authoriz ust be executed on behalf o	t the corporation by the i	eceiver of trustee.		
File Date	<u> </u>	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
Check No		JAN 1 9 2016	Λ	nzed Representative	, ,	
By:		\0.5	Signature of Authorized Representative / Date Nancy Turrisi, Vice-President			
FOR SECRETARY OF S	IAIL USE	いっこう		of Authorized Represen	tative	

Revised: 01/2012