



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 **2016**

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. 4449		2. Exact name of the Corporation H.V. Collins Properties, Inc.			
3. Principal office address 99 Gano Street			City Providence	State RI	Zip 02906
4. Business Phone No. (401)421-4080			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Distribution of general contracting business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Henry V. Collins, Jr.			Vice-President Name Patrick G. Collins		
Street Address 99 Gano Street			Street Address 99 Gano Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Eloise G. Collins			Treasurer Name Henry V. Collins, Jr.		
Street Address 99 Gano Street			Street Address 99 Gano Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Henry V. Collins, Jr.			Director Name Patrick G. Collins		
Street Address 99 Gano Street			Street Address 99 Gano Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Eloise G. Collins			Director Name		
Street Address 99 Gano Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
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
			300	Common	No par value

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: _____
 Check No.: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative _____ Date _____
Henry V. Collins, Jr., President
 Print or Type Name of Authorized Representative

FILED

JAN 21 2016

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