ON AND F

E NO.

State of R[illegible] and Providence Plantations

Departr[illegible] State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
4449	**H.V. Collins Properties, Inc.**			
3. Principal Office Address		City	State	Zip
99 Gano Street		**Providence**	**RI**	**02906**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81 - Other Services (except P	**Distribution General Contracting Business**			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Henry V. Collins, Jr.**			Vice-President Name **Patrick G. Collin**		
Street Address **99 Gano St**			Street Address **99 Gano St**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**
Secretary Name **"Eloise G. Collins**			Treasurer Name **Henry V. Collins**		
Street Address **99 Gano St**			Street Address **99 Gano St**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Henry V. Collins, Jr.**			Director Name **Patrick G. Collins**		
Street Address **99 Gano St**			Street Address **99 Gano St**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**
Director Name **Eloise G. Collins**			Director Name		
Street Address **99 Gano St**			Street Address		
City **Providence**	State **RI**	Zip **02906**	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**300**	**Common**	**no par value**
Changes require an additional filing.			

11. 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.

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.

Name of Authorized Representative	Date
Henry V. Collins Jr.	**1/09/17**
Signature of Authorized Representative	

FILED
JAN 12 2017
BY 3171 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016