



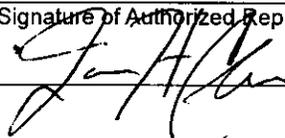
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2017

Filing period: January 1 - March 1

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

| | | | | |
|--|--------------------|---|---------------------------|---------------------|
| 1. Entity ID Number 48384 | | 2. Exact name of the Corporation Collins Construction Co., Inc. | | |
| 3. Principal Office Address 33 Swindells Street., PO Box 2569 | | City Fall River | State MA | Zip 02722 |
| 4. Business Phone Number 508-678-5201 | | 5. State of Incorporation Massachusetts | | |
| 6. Brief description of the character of business conducted in Rhode Island General building and construction work of all kinds | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| President Name James H. Collins | | Vice-President Name James H. Collins | | |
| Street Address 1810 Highland Avenue | | Street Address 1810 Highland Avenue | | |
| City Fall River | State MA | Zip 02723 | City Fall River | State MA |
| Secretary Name James H. Collins | | Treasurer Name James H. Collins | | |
| Street Address 1810 Highland Avenue | | Street Address 1810 Highland Avenue | | |
| City Fall River | State MA | Zip 02723 | City Fall River | State MA |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| Director Name James H. Collins | | Director Name | | |
| Street Address 1810 Highland Avenue | | Street Address | | |
| City Fall River | State MA | Zip 02723 | City | State |
| 9. Shares Authorized | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check box to indicate an attachment <input type="checkbox"/> | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | 150 | Common | NPV |
| 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 James H. Collins | | | Date 1/11/17 | |
| Signature of Authorized Representative  | | SIGN DOCUMENT HERE | | |

FILED *rc*
JAN 17 2017
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