



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		10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.		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

JAN 17 2017

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