



State of Rhode Island and Providence Plantations
Department of 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 1336222		2. Exact name of the Corporation Collins, Douglas, & Tansey, Inc.	
3. Principal Office Address 220 Hope Street		City Bristol	State RI
		Zip 02809	
4. NAICS Code 52 - Finance and Insurance	6. Brief description of the character of business conducted in Rhode Island Financial advice and communications		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Charles D. Tansey		Vice-President Name Charles D. Tansey	
Street Address 220 Hope Street		Street Address 220 Hope Street	
City Bristol	State RI	Zip 02809	City Bristol
			State RI
			Zip 02809
Secretary Name Charles D. Tansey		Treasurer Name Charles D. Tansey	
Street Address 220 Hope Street		Street Address 220 Hope Street	
City Bristol	State RI	Zip 02809	City Bristol
			State RI
			Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Charles D. Tansey		Director Name	
Street Address 220 Hope Street		Street Address	
City Bristol	State RI	Zip 02809	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the 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
		6,000	Common
		PAR VALUE	No Par
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. <i>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.</i>			
Name of Authorized Representative Charles D. Tansey			Date 1/6/17
Signature of Authorized Representative 			

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

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