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	2. Exact name of the Corporation			
4445	**COLLINGS REALTY, INC.**			
3. Principal Office Address		City	State	Zip
25 Oakwood Avenue		**Pawcatuck**	**CT**	**06379**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
53 - Real Estate and Rental anc	**Real Estate Holding**			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses)			Check the box to indicate an attachment ☐		
President Name **Patricia Nelson**			Vice-President Name **Nancy Turrisi**		
Street Address **1401 2nd Street**			Street Address **25 Oakwood Avenue**		
City **Edgewater**	State **FL**	Zip **32132**	City **Pawcatuck**	State **CT**	Zip **06379**
Secretary Name **Patricia Nelson**			Treasurer Name **Nancy Turrisi**		
Street Address **Same as above.**			Street Address **Same as above.**		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses)			Check the box to indicate an attachment ☐		
Director Name **Patricia Nelson**			Director Name **Nancy Turrisi**		
Street Address **Same as above.**			Street Address **Same as above.**		
City	State	Zip	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 ☐
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	**150**	**common**	**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.

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
Nancy Turrisi, Vice-President	1/30/17
Signature of Authorized Representative	
Nancy L Turrisi	

FILED
FEB 02 2017
BY

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