



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 102806		2. Exact name of the Corporation OPUS by Collins, Inc.			
3. Principal Office Address 81 Daniel Drive			City North Kingstown	State RI	Zip 02852
4. NAICS Code 81 9999		6. Brief description of the character of business conducted in Rhode Island DISTRIBUTOR OF PROMOTIONAL PRODUCTS			
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 Joseph M. Collins			Vice-President Name Elizabeth A. Collins		
Street Address 81 Daniel Drive			Street Address 81 Daniel Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Joseph M. Collins			Treasurer Name Joseph M. Collins		
Street Address 81 Daniel Drive			Street Address 81 Daniel Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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 PAR VALUE		
			100	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 Joseph M. Collins					Date ✓ 12-28-2017
Signature of Authorized Representative ✓ Joseph M. Collins			SIGN DOCUMENT HERE FILED		

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

JAN 02 2018

BY 11121

FORM 630 - Revised: 10/2017