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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR FROM ~~2017~~ - 2018

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No	2. Name of Corporation			
0000 14308	Handcrafts and Sweet-tooth Confections, Inc.			
3. Street Address Principal Business Office		City	State	Zip
59 Pinecrest Drive		Pawtucket	R. I.	02861
4. Business Phone No.	5. State of Incorporation			
401-726-4520	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Floral Design Craft teacher Hand painting

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Elizabeth A. Collins	59 Pinecrest Drive	Pawtucket	R. I.	02861

Vice President Name	Street Address	City	State	Zip
Henry Nelson Collins	59 Pinecrest Drive	Pawtucket	R.I	02861

Secretary Name	Street Address	City	State	Zip
Henry Nelson Collins	59 Pinecrest Drive	Pawtucket	R. I.	02861

Treasurer Name	Street Address	City	State	Zip
Elizabeth A. Collins	59 Pinecrest Drive	Pawtucket	R.I.	02861

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100		no par value

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.

[redacted] [redacted]

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.

Elizabeth A. Collins
Signature *Date*

ELIZABETH A. Collins
Print or Type Name

President
Title

File Date	
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 14 2018
BY 2739 [redacted]
DS

Form 630 Rev. 08/08