



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102806		2. Name of Corporation OPUS by Collins, Inc.			
3. Street Address Principal Business Office 122 Manton Avenue, Suite 601			City Providence	State RI	Zip 02909
4. Business Phone No. (401) 521-4060		5. State of Incorporation RHODE ISLAND			6. SIC Code 2634
7. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTOR OF PROMOTIONAL PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph M. Collins			Vice President Name Elizabeth A. Collins		
Street Address 122 Manton Avenue, Suite 601			Street Address 122 Manton Avenue, Suite 601		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name John F. Collins			Treasurer Name Joseph M. Collins		
Street Address 122 Manton Avenue, Suite 601			Street Address 122 Manton Avenue, Suite 601		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	2-3-05
Check No.	5107
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

1-31-05  
Signature of Officer Date  
Joseph M. Collins  
Print or Type Name of Officer  
President  
Title of Officer



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102806		2. Name of Corporation OPUS by Collins, Inc.			
3. Street Address Principal Business Office 122 Manton Avenue, Suite 601		City Providence		State RI	Zip 02909
4. Business Phone No. (401) 521-4060		5. State of Incorporation RHODE ISLAND			6. SIC Code 2634
7. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTOR OF PROMOTIONAL PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph M. Collins			Vice President Name Elizabeth A. Collins		
Street Address 122 Manton Avenue, Suite 601			Street Address 122 Manton Avenue, Suite 601		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name John F. Collins			Treasurer Name Joseph M. Collins		
Street Address 122 Manton Avenue, Suite 601			Street Address 122 Manton Avenue, Suite 601		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 2 8 0 6 \*

File Date	1/26/04
Check No.	4304
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer: Joseph M. Collins Date: 1-22-04

Joseph M. Collins

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)



1. Corporate ID No.

2. Name of Corporation

102806

OPUS by Collins, Inc.

3. Street Address Principal Business Office

122 Manton Avenue, Suite 601 Providence, RI 02909

4. Business Phone No.

5. State of Incorporation

(401) 521-4060

RHODE ISLAND

6. SIC Code

2634

7. Brief Description of the Character of Business Conducted in Rhode Island

Distributor of promotional products.

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

President Name

Joseph M. Collins

Street Address

122 Manton Avenue, Suite 601

City State Zip  
Providence RI 02909

Secretary Name

John F. Collins

Street Address

122 Manton Avenue, Suite 601

City State Zip  
Providence RI 02909

Vice President Name

Elizabeth A. Collins

Street Address

122 Manton Avenue, Suite 601

City State Zip  
Providence RI 02909

Treasurer Name

Joseph M. Collins

Street Address

122 Manton Avenue, Suite 601

City State Zip  
Providence RI 02909

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

Director Name

None

Street Address

City State Zip

Director Name

None

Street Address

City State Zip

Director Name

None

Street Address

City State Zip

Director Name

None

Street Address

City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 NO PAR VALUE

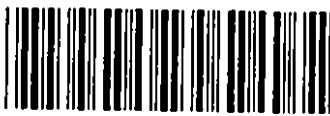
11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 2 8 0 6 \*

File Date: 1-24-03

Check No.: 3587

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Joseph M. Collins ✓ 1-24-03  
Signature of Officer Date

Joseph M. Collins

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/02



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



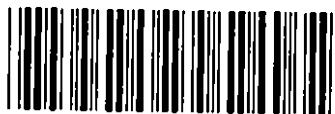
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102806		2. Name of Corporation OPUS by Collins, Inc.	
3. Street Address Principal Business Office 122 Manton Avenue, Suite 601		City Providence	State RI
4. Business Phone No. (401) 521-4060		5. State of Incorporation RHODE ISLAND	6. SIC Code 2634
7. Brief Description of the Character of Business Conducted in Rhode Island Distributor of promotional products			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Joseph M. Collins		Vice President Name Elizabeth A. Collins	
Street Address 122 Manton Avenue, Suite 601		Street Address 122 Manton Avenue, Suite 601	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name John F. Collins		Treasurer Name Joseph M. Collins	
Street Address 122 Manton Avenue, Suite 601		Street Address 122 Manton Avenue, Suite 601	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
1,000 NO PAR VALUE		100	Common
	Par Value		Par Value
			No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 2 8 0 6 \*

File Date: 1-29-02  
2702  
Check No.:  
By:

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.

1-28-02  
Signature of Officer Date

Joseph M. Collins  
Print or Type Name of Officer

President  
Title of Officer

5



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102806** 2. Name of Corporation **OPUS by Collins, Inc.**

3. Street Address Principal Business Office

**122 Manton Avenue, Suite 601**

4. Business Phone No.

**(401) 521-4060**

State of Incorporation  
**RHODE ISLAND**

City

**Providence**

State

**RI**

Zip

**02909**

6. SIC Code  
**2634**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Distributor of promotional products**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**Joseph M. Collins**

Street Address

**122 Manton Avenue, Suite 601**

City State Zip  
**Providence RI 02909**

Secretary Name

**John F. Collins**

Street Address

**122 Manton Avenue, Suite 601**

City State Zip  
**Providence RI 02909**

Vice President Name

**Elizabeth A. Collins**

Street Address

**122 Manton Avenue, Suite 601**

City State Zip  
**Providence RI 02909**

Treasurer Name

**Joseph M. Collins**

Street Address

**122 Manton Avenue, Suite 601**

City State Zip  
**Providence RI 02909**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

**None**

Street Address

City State Zip

Director Name

**None**

Street Address

City State Zip

Director Name

**None**

Street Address

City State Zip

Director Name

**None**

Street Address

City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value  
**100 Common No Par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 2 8 0 6 \*

File Date: 1/16

Check No.: 1781

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Joseph M. Collins 1-12-2001  
Signature of Officer Date

**Joseph M. Collins**

Print or Type Name of Officer

**President**

Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102806** 2. Name of Corporation  
**OPUS by Collins, Inc.**

3. Street Address Principal Business Office

**122 Manton Avenue, Suite 601**

City

State

Zip

**Providence**

**RI**

**02908**

4. Business Phone No.

**(401) 521-4060**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code  
**2634**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Distributor of promotional products**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**Joseph M. Collins**

Street Address

**122 Manton Avenue, Suite 601**

City

State

Zip

**Providence**

**RI**

**02908**

Secretary Name

**John F. Collins**

Street Address

**122 Manton Avenue, Suite 601**

City

State

Zip

**Providence**

**RI**

**02908**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

**FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

**None**

Street Address

City

State

Zip

Director Name

**None**

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**1,000 NO PAR VALUE**

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**100**

**Common**

**No Par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 2 8 0 6 \*

File Date:

**1/18/00**

Check No.:

**2335**

By:

**[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

**Joseph M. Collins**

Signature of Officer

**1-14-2000**

Date

**Joseph M. Collins**

Print or Type Name of Officer

**President**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>102808</b>		2. Name of Corporation <b>OPUS by Collins, Inc.</b>		
3. Street Address Principal Business Office <b>122 Manton Avenue, Suite 601</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. Business Phone No. <b>(401) 521-4060</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>2634</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Distributor of promotional products</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Joseph M. Collins</b>		Vice President Name <b>Elizabeth A. Collins</b>		
Street Address <b>122 Manton Avenue, Suite 601</b>		Street Address <b>122 Manton Avenue, Suite 601</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>
Secretary Name <b>John F. Collins</b>		Treasurer Name <b>Joseph M. Collins</b>		
Street Address <b>122 Manton Avenue, Suite 601</b>		Street Address <b>122 Manton Avenue, Suite 601</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>None</b>		Director Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <b>None</b>		Director Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>1,000 NO PAR VALUE</b>			<b>100</b>	<b>Common</b>
				<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 2 8 0 6 \*

File Date: **Feb 11, 99**

Check No.: **1269**

By: **JD**

FOR SECRETARY OF STATE USE ONLY

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.

**Joseph M. Collins** **2-8-99**  
Signature of Officer Date

**Joseph M. Collins**

Print or Type Name of Officer

**President**

Title of Officer