



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2019**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>4450</b>		2. Exact name of the Corporation <b>JOHN H. COLLINS &amp; SON CO., INC.</b>			
3. Principal office address <b>PO BOX 741 DUNNELL LANE</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02862</b>
4. Business Phone No. <b>401-722-0775</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>BARREL RECONDITIONING</b> 812990					
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>JEFFREY A. PROVENCAL</b>			Vice-President Name <b>MICHAEL L. PROVENCAL</b>		
Street Address <b>24 BOW STREET</b>			Street Address <b>2 VALLEY STREET</b>		
City <b>PLAINVILLE</b>	State <b>MA</b>	Zip <b>02762</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>LOUIS PROVENCAL</b>			Treasurer Name <b>JEFFREY PROVENCAL</b>		
Street Address <b>PO BOX 499</b>			Street Address <b>24 BOW STREET</b>		
City <b>ALBION</b>	State <b>RI</b>	Zip <b>02802</b>	City <b>PLAINVILLE</b>	State <b>MA</b>	Zip <b>02762</b>
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>JEFFREY A. PROVENCAL</b>			Director Name <b>LOUIS PROVENCAL</b>		
Street Address <b>24 BOW STREET</b>			Street Address <b>PO BOX 499</b>		
City <b>PLAINVILLE</b>	State <b>MA</b>	Zip <b>02762</b>	City <b>ALBION</b>	State <b>RI</b>	Zip <b>02802</b>
Director Name <b>MICHAEL L. PROVENCAL</b>			Director Name		
Street Address <b>2 VALLEY STREET</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	NO PAR

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.

Signature of Authorized Representative Jeffrey A. Provençal Date 1/4/19

**JEFFREY A. PROVENCAL**

Print or Type Name of Authorized Representative

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JAN 07 2019**

**BY**

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