



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

File Date _____
 Check No _____
 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.

FILED  1/4/19
 Signature of Authorized Representative Date

JEFFREY A. PROVENCAL

Print or Type Name of Authorized Representative

JAN 07 2019

BY 49115 DS