

FILED

FEB 18 2020

BY 20271 TANSIE
[Signature]



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
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 001336222		2. Exact name of the Corporation Collins, Douglas, & Tansey, Inc.			
3. Principal Office Address 220 Hope Street			City Bristol	State RI	Zip 02809
4. NAICS Code 523930 - Investment advice		6. Brief description of the character of business conducted in Rhode Island Financial advice and communications			
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 Charles D. Tansey			Vice-President Name Charles D. Tansey		
Street Address 220 Hope Street			Street Address 220 Hope Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Charles D. Tansey			Treasurer Name Charles D. Tansey		
Street Address 220 Hope Street			Street Address 220 Hope Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles D. Tansey			Director Name NONE		
Street Address 220 Hope Street			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 6,000	CLASS/SE RIES Common	PAR VALUE 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 Charles D. Tansey <i>[Signature]</i>				Date 2/7/20	
Signature of Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov