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

> People: Additional \$25.00 fee if form is not filed by April 1.

	FILED
BY.	FEB 1 8 2020 TAME

→ Penalty: Additional \$25 00 fe	e ir form is no	Chied by April 1.		`			
Entity ID Number	2. Exact name	of the Corporation					
001336222	Collins, Douglas, & Tansey, Inc.						
3 Principal Office Address	City		State	Zip			
220 Hope Street			Bristot		RI	02809	
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island						
523930 - Investment advice	1						
5. State of Incorporation	Financial advice and communications						
Rhode Island							
7. List ALL officers (names and add	resses)				e box to indica	te an attachment 🔲	
President Name Charles D. Tanse	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	^{Zıp} 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 ac	dresses)			Check t	he box to indica	ite an attachment 🗖	
Director Name Charles D. Tansey			Director Name				
Street Address 220 Hope Street			Street Address				
City Bristol	Slate RI	^{7ip} 02809	City		State	Zip	
Director Name NONE			Director Name NONE				
Street Address	 		Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Issu	led	Check t	he box to indica	ite an attachment	
This Information is currently of record in the			NUMBER OF SHARES C			PAR VALUE	
Department of State.		6,000		Common		No Par	
Changes require an additional filing.							
11. This report must be executed o	n behalf of the	corporation by an a	uthorized repres	entative. If the corpor	ation is in the h	ands of a receiver or	
trustee, this report must be execute	ed on behalf of	the corporation by t	he receiver or tru	islec.	nanving schoo	fules and	
Under penalty of perjury, I declar statements, and that all stateme	re and aπirin i nts contained	uiac i nave examine Antroin are true Sei	u ans report, in Leorrect	crouning arry accom	banying scriet	AGIOS UNA	
Name of Authonzed Representative			Date				
Charles D. Tansey	7		2/4/2	20			
Signature of Authorized Represent	alive	SIGN DO	DMENT HERE				
		/	<u> </u>			., ,	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sosirl.gov