



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JAN 21 2021

BY 282 OS

- 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 000004445		2. Exact name of the Corporation COLLINGS REALTY, INC.					
3. Principal Office Address 25 Oakwood Avenue			City Pawcatuck	State CT	Zip 06379		
4. NAICS Code 53 - Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island Real Estate Holding					
5. State of Incorporation RI							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
President Name patricia Nelson			Vice-President Name Nancy Turrisi				
Street Address 1401 2nd Street			Street Address 25 Oakwood Avenue				
City Edgewater	State FL	Zip 32132	City Pawcatuck	State CT	Zip 06379		
Secretary Name Patricia Nelson			Treasurer Name Nancy Turrisi				
Street Address Same as above.			Street Address Same as above.				
City	State	Zip	City	State	Zip		
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
Director Name Patricia Nelson			Director Name Nancy Turrisi				
Street Address Same as above.			Street Address Same as above.				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized		10. Shares Issued				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.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		150		Common		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 Nancy Turrisi, Vice President						Date 1/20/21	
Signature of Authorized Representative <i>Nancy S Turrisi</i>							

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov