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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 12 2021 MP
BY

Annual Report for the year: 2021
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	2. Exact name of the Corporation			
000004453	William Collins Company			
3. Principal Office Address		City	State	Zip
35 Higginson Avenue, P. O. Box 188		Central Falls	Rhode Island	02863
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
332100	Manufacture of hand tools and power transmission devices			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David A. Brown			Vice-President Name: Andrew A. O. Brown		
Street Address: P. O. Box 9445			Street Address: P. O. Box 9445		
City: Providence	State: R.I.	Zip: 02940	City: Providence	State: R.I.	Zip: 02940
Secretary Name: David A. Brown			Treasurer Name: David A. Brown		
Street Address: P. O. Box 9445			Street Address: 15 Bond Road		
City: Providence	State: R.I.	Zip: 02940	City: East Providence	State: R.I.	Zip: 02940

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: David A. Brown			Director Name: Susan O. Brown		
Street Address: P. O. Box 9445			Street Address: 15 Bond Road		
City: Providence	State: R.I.	Zip: 02940	City: East Providence	State: R.I.	Zip: 02915
Director Name: Andrew A. O. Brown			Director Name: John C. Drew		
Street Address: P. O. Box 9445			Street Address: 12 Angell Court		
City: Providence	State: R.I.	Zip: 02940	City: Warwick	State: R.I.	Zip: 02889

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	Common	$1.00

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	Date
David A. Brown	2021-02-10

Signature of Authorized Representative: David A. Brown

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

FORM 630 - Revised: 08/2020