



State of Rhode Island

Department of State - Business Services Division

 RECEIVED  
 RI DEPT OF STATE  
 BUS SVCS DIV  
 2021 MAR 12 PM 1:45
Annual Report for the year: **2019****Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |                    |                                                                                                                            |                             |                       |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|---------------------|
| 1. Entity ID Number<br><b>000091967</b>                                                                                                                                                                     |                    | 2. Exact name of the Limited Liability Company<br><b>Collins, Cronin &amp; Corcoran, LLC</b>                               |                             |                       |                     |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Lessor of nonresidential real estate</b> |                             |                       |                     |
| 5. State of Formation<br><b>Ma</b>                                                                                                                                                                          |                    |                                                                                                                            |                             |                       |                     |
| 6. Principal Office Address<br><b>922 Flaherty Drive</b>                                                                                                                                                    |                    | City<br><b>New Bedford</b>                                                                                                 |                             | State<br><b>MA</b>    | Zip<br><b>02745</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                            |                             |                       |                     |
| Contact Name<br><b>Kevin J. Jones</b>                                                                                                                                                                       |                    | Contact Title<br><b>Manager</b>                                                                                            |                             |                       |                     |
| Street Address<br><b>922 Flaherty Drive</b>                                                                                                                                                                 |                    | City<br><b>New Bedford</b>                                                                                                 |                             | State<br><b>MA</b>    | Zip<br><b>02745</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                                            |                             |                       |                     |
| Manager Name<br><b>Kevin J Jones</b>                                                                                                                                                                        |                    | Manager Name<br><b>J. Thomas Jones</b>                                                                                     |                             |                       |                     |
| Street Address<br><b>35 Macy Street</b>                                                                                                                                                                     |                    | Street Address<br><b>18 Upland Way</b>                                                                                     |                             |                       |                     |
| City<br><b>Raynham</b>                                                                                                                                                                                      | State<br><b>MA</b> | Zip<br><b>02767</b>                                                                                                        | City<br><b>Mattapoisett</b> | State<br><b>MA</b>    | Zip<br><b>02739</b> |
| Manager Name                                                                                                                                                                                                |                    | Manager Name                                                                                                               |                             |                       |                     |
| Street Address                                                                                                                                                                                              |                    | Street Address                                                                                                             |                             |                       |                     |
| City                                                                                                                                                                                                        | State              | Zip                                                                                                                        | City                        | State                 | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                    |                                                                                                                            |                             |                       |                     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |                    |                                                                                                                            |                             |                       |                     |
| <i>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.</i> |                    |                                                                                                                            |                             |                       |                     |
| Name of Authorized Person<br><b>Kevin J. Jones</b>                                                                                                                                                          |                    |                                                                                                                            |                             | Date<br><b>3/9/21</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |                    |                                                                                                                            |                             |                       |                     |

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED****MAR 12 2021**
 BY   
 FORM 852 - Revised 06/2020