

RI SOS Filing Number: 202327044970 Date: 1/27/2023 4:00:00 PM

	State of Rhode Island
(ER)	Donortmant of

## Department of State - Business Services Division



Annual	Report	for	the	year:	202

Corporation -> Filing period. February 1 - May 1

→ Filing Fee: \$50.00

RECEIVED R.I. DEPT. OF STATE BUS SYOS DEV 3

-> Penalty: Additional \$25.00	) fee if form is not	fired by May 31.	2023 .	JAN 27	<u>P 4: 02</u>				
1. Entity ID Number 000004453	2. Exact name of the Corporation William Collins Company								
3. Principal Office Address 35 Higginson Avenue			City Central Falls		State R. I.	Zip 02863			
4. NAICS Code 332100 5. State of Incorporation	6. Brief description of the character of business conducted in Rhode Island  Manufacture hand tools and transmission devices								
Rhode Island		•							
7. List ALL officers (names and a	adcresses)		NGoo Droodest Name	Check th	ne box to indicat	e 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						
<sup>City</sup> Providence, R.I.	State R. I.	<sup>Z<sub>1</sub>p</sup> 02940	City Providence		State R. I.	<sup>Zıɔ</sup> 02940			
Secretary Name David A. Brown			Treasurer Name David A. Brown						
Street Address P. O. Box 9445			Street Address P. O. Box 9445						
City Providence	State R. I.	<sup>Z<sub>10</sub></sup> 02940	City Providence		State R. I.	<sup>Zip</sup> 02940			
8. List ALL directors (names and	adoresses)			Check th	he box to indicat	e an attachment			
Drector Name David A. Brown			Director Name Susan O. Brown						
Street Address P. O. Box 9445			Street Address 15 Bond Road						
<sup>City</sup> Providence	State R. I.	<sup>Zıp</sup> 02940	City East Providence		State R. I.	<sup>Zip</sup> 02915			
Director Name Andrew A. O. Brown			Director Name John C. Drew						
Street Address P. O. Box 9445			Street Address 12 ANgell Court						
<sup>City</sup> Providence	State R. I.	<sup>Zio</sup> 02940	City Warwick		State R. I.	<sup>Z<sub>'</sub>p</sup> 02889			
9 Shares Authorized		10. Shares Issi	ued		he box to indicat	e an attachment 🔲			
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASSIS		\$1.00				
						<del></del>			
11. This report must be executed	d on behalf of the c	orporation by an a	uthorized representative. If t	the corpor	ation is in the ha	inds of a receiver or			
trustee, this report must be exec Under penalty of perjury, I dec statements, and that all states	lare and affirm th	at I have examine	ed this report, including an	y accom	panying schedu	ules and			
Name of Author zed Representa	itive	erem are true am	o correct,		Date				
David A. Brown		<u> </u>	FILED	WZ	2023-01-2	7			
Signature of Author zed Represe		brown	FILED	2023					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov BYMNUXN

FORM 630 - Revised: 11/2021