



**State of Rhode Island
Department of State - Business Services Division**

STAMP

Annual Report for the year: **2024**
Corporation

JAN 29 2024

2682702

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 00004453		2. Exact name of the Corporation WILLIAM COLLINS COMPANY			
3. Principal Office Address 35 HIGGINSON AVENUE			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 332100		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE HAND TOOLS AND TRANSMISSION DEVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID A BROWN			Vice-President Name ANDREW A O BROWN		
Street Address PO BOX 9445			Street Address PO BOX 9445		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
Secretary Name DAVID A BROWN			Treasurer Name DAVID A BROWN		
Street Address PO BOX 9445			Street Address PO BOX 9445		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID A BROWN			Director Name SUSAN O BROWN		
Street Address PO BOX 9445			Street Address 15 BOND ROAD		
City PROVIDENCE	State RI	Zip 02940	City EAST PROVIDENCE	State RI	Zip 02915
Director Name ANDREW A O BROWN			Director Name JOHN C DREW		
Street Address PO BOX 9445			Street Address 12 ANGELL COURT		
City PROVIDENCE	State RI	Zip 02940	City WARWICK	State RI	Zip 02889
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	
		2000		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 DAVID A BROWN				Date 01/24/2024	
Signature of Authorized Representative <i>David A. Brown</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