



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

Annual Report for the year: **2025**

Corporation \_\_\_\_\_

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

REC'D RI SOS BSD  
 FEB 13 4:11:52 PM  
**STAMP**  
 FOR SECRETARY OF STATE  
 USE ONLY

1. Entity ID Number <b>000555395</b>		2. Exact name of the Corporation <b>A2B Tracking Solutions, Inc.</b>			
3. Principal Office Address <b>61 Barbers Heights Ave</b>			City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
4. NAICS Code <b>513210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Software Publisher</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Peter Collins</b>			Vice-President Name <b>Timothy Collins</b>		
Street Address <b>50 Bayside Ave</b>			Street Address <b>PO Box 754</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
Secretary Name <b>Joan Collins</b>			Treasurer Name <b>Timothy Collins</b>		
Street Address <b>PO Box 1814</b>			Street Address <b>PO Box 754</b>		
City <b>Duxbury</b>	State <b>MA</b>	Zip <b>02331</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Peter Collins</b>			Director Name <b>Timothy Collins</b>		
Street Address <b>50 Bayside Ave</b>			Street Address <b>PO Box 754</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
Director Name <b>Joan Collins</b>			Director Name		
Street Address <b>PO Box 1814</b>			Street Address		
City <b>Duxbury</b>	State <b>MA</b>	Zip <b>02331</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>800,000</b>	<b>CWP</b>	<b>0.01</b>	
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.					
<b>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.</b> <span style="float: right;"><b>FILED</b></span>					
Name of Authorized Representative <b>Timothy Collins</b>				Date <b>2/13/2025</b>	
Signature of Authorized Representative <i>Tim Collins</i>				FEB 13 2025 by <b>XV9B1</b> 1154 PJ	

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