



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 RIBOS BSD
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FOR SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000555395		2. Exact name of the Corporation A2B Tracking Solutions, Inc.			
3. Principal Office Address 61 Barbers Heights Ave			City Saunderstown	State RI	Zip 02874
4. NAICS Code 513210		6. Brief description of the character of business conducted in Rhode Island Software Publisher			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter Collins			Vice-President Name Timothy Collins		
Street Address 50 Bayside Ave			Street Address PO Box 754		
City Portsmouth	State RI	Zip 02871	City Saunderstown	State RI	Zip 02874
Secretary Name Joan Collins			Treasurer Name Timothy Collins		
Street Address PO Box 1814			Street Address PO Box 754		
City Duxbury	State MA	Zip 02331	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter Collins			Director Name Timothy Collins		
Street Address 50 Bayside Ave			Street Address PO Box 754		
City Portsmouth	State RI	Zip 02871	City Saunderstown	State RI	Zip 02874
Director Name Joan Collins			Director Name		
Street Address PO Box 1814			Street Address		
City Duxbury	State MA	Zip 02331	City	State	Zip
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	PAR VALUE
		800,000		CWP	0.01
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. FILED					
Name of Authorized Representative Timothy Collins				Date 2/13/2025	
Signature of Authorized Representative <i>Tim Collins</i>				FEB 13 2025 <i>XV 9 B I</i> 1154 ES	

MAIL TO:
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Website: www.sos.ri.gov