



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

2019

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000014308		2. Name of Corporation Handcrafts + Sweet Tooth Confections, Inc.	
3. Street Address Principal Business Office 59 Pinecrest Drive		City Pawtucket	State R.I.
4. Business Phone No. 401-726-4520		5. State of Incorporation Rhode Island 8/2990	
6. Brief Description of the Character of Business Conducted in Rhode Island Floral Design Craft Teaching Hand painting			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Elizabeth A. Collins		Vice President Name Henry Nelson Collins	
Street Address 59 Pinecrest Drive		Street Address 59 Pinecrest Drive	
City Pawtucket	State R.I.	City Pawtucket	State R.I.
Zip 02861		Zip 02861	
Secretary Name Henry Nelson Collins		Treasurer Name Elizabeth A. Collins	
Street Address 59 Pinecrest Drive		Street Address 59 Pinecrest Drive	
City Pawtucket	State R.I.	City Pawtucket	State R.I.
Zip 02861		Zip 02861	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 100	Class/Series
			Par Value no par value

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.

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

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  
 FEB 06 2019  
 BY 3057  
 Signature: Elizabeth A. Collins 2/5/19  
 Date: \_\_\_\_\_  
 Print or Type Name: Elizabeth A. Collins  
 Title: President