



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2020 MAR 12 PM 12:59

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000014308		2. Exact name of the Corporation Handcrafts and Sweet Tooth Confections, Inc.			
3. Principal Office Address 59 Pinecrest Dr.		City Pawtucket	State RI	Zip 02861	
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Floral design, crafts, hand painting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elizabeth A. Collins (deceased)			Vice-President Name Henry Nelson Collins (deceased)		
Street Address 59 Pinecrest Dr.			Street Address 59 Pinecrest Dr.		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Henry Nelson Collins			Treasurer Name Elizabeth A. Collins		
Street Address 59 Pinecrest Dr.			Street Address 59 Pinecrest Dr.		
City Pawt	State RI	Zip 02861	City Pawt	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		PAR VALUE
			100		no par value
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 Pamela J. Hall - daughter of E. Collins and Executor of Estate					Date 3/9/2020
Signature of Authorized Representative <i>Pamela J. Hall</i>					

FILED

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

MAR 12 2020
 BY *P. HETRE*
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 FORM 630 - Revised: 10/2017