



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

**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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 86440		2. Name of Corporation CAPITOL VENDING, INC.			
3. Street Address Principal Business Office 4 POND VIEW COURT			City SMITHFIELD	State RHODE ISLAND	Zip 02917
4. Business Phone No. (401) 769-4458		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Conducting a vending business; soft drinks and snacks					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Angelo S. Rotella			Vice President Name Daniel M. Gendron		
Street Address 4 Pond View Court			Street Address 87 Arland Court		
City Smithfield	State Rhode Island	Zip 02917	City Woonsocket	State Rhode Island	Zip 02895
Secretary Name Angelo S. Rotella			Treasurer Name Daniel M. Gendron		
Street Address 4 Pond View Court			Street Address 87 Arland Court		
City Smithfield	State Rhode Island	Zip 02917	City Woonsocket	State Rhode Island	Zip 02895
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 shares	Common	No par value	400	Common	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 **FILED**  
Check No. **AUG 08 2007 10:23 AM**  
By: **By [Signature] 29-33745**  
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.

Signature **Angelo S. Rotella** Date **7/17/07**  
**ANGELLO S. ROTELLA**  
Print or Type Name  
**President**  
Title