



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

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. 124319		2. Name of Corporation CAP + SONS, INC.			
3. Street Address Principal Business Office 14 Juniper Lane			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-647-4466		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Ownership & Operation of a landscape, excavating and construction business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carmino A. Paliotta			Vice President Name Sherry L. Paliotta		
Street Address 14 Juniper Lane			Street Address 14 Juniper Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Sherry L. Paliotta			Treasurer Name Carmino A. Paliotta		
Street Address 14 Juniper Lane			Street Address 14 Juniper Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Carmino A. Paliotta			Director Name Sherry L. Paliotta		
Street Address 14 Juniper Lane			Street Address 14 Juniper Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		500		NO PAR
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
THIS SECTION MUST BE COMPLETED					

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.

**FILED**

File Date: FEB 13 2008

Check No. By: 1731

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: Carmino Paliotta Date: 2-10-08  
Print or Type Name: Carmino A. Paliotta  
Title: President