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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 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.	2. Name of Corporation			
000042485	North Atlantic Capital Corporation			
3. Street Address Principal Business Office		City	State	Zip
519 MENDON ROAD, P.O. BOX 7179		CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation			
(401) 333-0300	RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island				
TO ENGAGE IN REAL ESTATE DEVELOPMENT				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☑ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
CONSTANTINE F. ALEXAKOS	34 EAST 75TH STREET, APT. 1	NEW YORK	NY	10021

Vice President Name	Street Address	City	State	Zip
PATRICIA ALGER	519 MENDON ROAD	CUMBERLAND	RI	02864

Secretary Name	Street Address	City	State	Zip
CONSTANTINE F. ALEXAKOS	34 EAST 75TH STREET, APT. 1	NEW YORK	NY	10021

Treasurer Name	Street Address	City	State	Zip
CONSTANTINE F. ALEXAKOS	34 EAST 75TH STREET, APT. 1	NEW YORK	NY	10021

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
CONSTANTINE F. ALEXAKOS	34 EAST 75TH STREET, APT. 1	NEW YORK	NY	10021

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000		$1.00

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	$1.00
	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.

[redacted]

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.

Patricia A Alger 2/4/2008
Signature *Date*

PATRICIA ALGER
Print or Type Name

[redacted] VICE PRESIDENT
Title

File Date FILED
Check No. FEB 15 2008
By: By 332
FOR SECRETARY OF STATE USE ONLY

20692-31-232538

Form 630 Rev. 12/06

EXHIBIT A

NORTH ATLANTIC CAPITAL CORPORATION
(Corp. ID# 000042485)

2008 Rhode Island Profit Corporation Annual Report

7. Names and Addresses of the Officers (cont.):

Office	Name	Street/City/State/Zip
Assistant Treasurer	Patricia Alger	519 Mendon Road, P.O. Box 7179 Cumberland, RI 02864

FILED
FEB 15 2008
By 42485