

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

401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 5. State of Incorporation Rhode Island						
6. Brief Description of the Characte	er of Business Conducted in	Rhode Island				
7. NAMES AND ADDRESSE	ES OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) [FILL IN	SPACES BEFORE USING A	TTACHMENTS	
President Name			Vice President Name			
Angelo S. Rotella			Daniel M. Gendron			
Street Address 4 Pond View Court			Street Address 87 Arland Court			
Smithfield	State Rhode Island	^{Ζφ} 02917	City Woonsocket	State Rhode Island	^{Zīp} 028 95	
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	^{Zíp} 02917	City Woonsocket	State Rhode Island	^{Zip} 02895	
8. NAMES AND ADDRESSE	S OF THE DIRECTOR	RS: ("X" BOX FOR ATT	TACHMENT) [FILL II	N 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	I	1	10. SHARES ISSUED	("X" BOX FOR ATTACH!	MENT) 🗆	
				CTION MUST BE COMPLETED	, ,	
This information is surrout	ly of record in the Off	San of the Constant of	Number of Shares	Class/Series	Par Value	
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.			400	common	no par value	
This report must be execute this report must be executed				corporation is in the hands	of a receiver or trustee,	

File Date	FILED			
Check No	JAN 14 2009			
Ву:	By 3073			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affirm including any accompanying schedules and s	
contained herein are tengand correct	
Signature	Date
Daniel M. Gendron	
Print or Type Name	
Vice President	
Title	