

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 401.222.30

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.	.2.1301(1), 120, 101,				
1. Corporate ID No.	2. Name of Corporation	CAPPET CLE	4WMG- CONCER	rs, INC.	
3. Street Address Principal Busine	ess Office	-	ANNE-CONCEP GITY WESTELLY	State O .T.	2ip 00091
106 Cross ST	ext unit 1	5. State of Incorporation	WEST OF		1 - 00//
401-596-4060 Ritone Is			SLAND		
6. Brief Description of the Charac	ster of Pusiness Conducted in R	hode Island			
T NAMES AND ADDRESS	N UPITOLITES	("X" BOX FOR ATTAC	HMENT) [FILL IN SPACE	ES BEFORE USING A	TTACHMENTS
President Name			Vice President Name DATACLE T PTCOLO		
FRANK P RETACCO			Street Address		
street Address 46 Hott ST			43 QYANNACUT ROPD		
216 HOH ST Western	State LI	Zip 02841		NI	02091
Secretary Name FVANK PRITACCO			PTVICK J PICCOCO		
Street Address			Street Address 43 QYAMACUT NO FO City WESTERLY State O2891		
216 Hiott	<u>5T</u>	725	Gity GITY	State	Zip
216 Hiott Western	State	Zip O Z&91	MESTRUM ACHMENT) [] FILL IN SP	ACES BEFORE USING	G ATTACHMENTS
8. NAMES AND ADDRES Director Name	SES OF THE DIRECTOR	S: (A BOA FOR ALL	Director Name		
FVAME & NITACCO			PATVILL J PILLOLO		
Street Address 216 HIGH ST			Street Address 43 GUAMNACUT ROAD City Wester NI City City City City City City City City		
Western	State	Zip 0 25671	City WESTELLY	State I	^{Zip} 0 Z& 91
Director Name			Director Name	••••	
			Street Address		
Street Address			CATOCA TROOP CO.		
City	State	Zip	City	State	Zip
	_	İ	10. SHARES ISSUED (*	X" BOX FOR ATTAC	I HMENT) □
9. SHARES AUTHORIZED			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
the of record in the Office of the Secretary 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.			200		0
T11:	outed on behalf of the oc	rnoration by an authoriz	ed representative. If the cor	poration is in the hand	ls of a receiver or trustee,
this report must be exec	cuted on behalf of the cor	rporation by the receiver	or trustee.		
					that I have examined this rep
			Under penalty of per including any accom	panying schedules and s	tatements, and that all statements
0	0-00		contained herein are	true and correct.	<u>-</u>
File Date	25-09	_	rancy	11-	Date Date
	1810		Signature	+ DIMMA	Date
Check No	mm	- 1	PATRICK J. PICCOLO		
Ву:	1110100	- _	Print or Type Name	resident	
FOR SECRETARY	OF STATE USE ONLY		Title	>145.	
			Time		Form 630 Rev. 08/08