

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

Providence, RI 02904-2615 401.222.3040

2009

subject to a penalty fee of \$. 1. Corporate ID No.	25.00. 2. Name of Corpor		iuai report within thirty (30) da	ys after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d))
162190	CAPITI	OL BOOKKEEP	ING INC		
3. Street Address Principal	Business Office WA St. Un	<u>ос Вооккеер</u> ип 15	Ceruston	State R.I	21p 02920
4. Business Phone No.	_	5. State of Incorporation			
40)-383-	- 780) Character of Business Conducted	l in Dia de feland			
Brief Description of the C	Sharacter of Business Conducted	i in knoae isiana			
. NAMES AND ADD	RESSES OF THE OFFICE	> ERS: <i>("X" BOX FOR ATTA</i>	CHMENT) FILL IN S	PACES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
JAMES BASTOW			Sone		
Street Address 165 Howard St. UNIT 25 City State CRANSTON State R.J. 210 01920			Street Address		
163 NOV	State	7011 63 -	City		
CRANSTON	RI	01920	Сиу	State	Zip
cretary Name			: Treasurer Name	······I···I···························	
Spre			Same		
Street Address			Street Address		
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ŭγ	State	Zip	City	State	Zip
NAMES AND ADD	 RESSES OF THE DIRECT	 ORS:	∷ <i>Tachment</i>) □ fill in	 SPACES BEFORE USING A	 ATTACHMENTS
irector Name			Director Name	OTACES BEFORE COMO	ATTACIMENTS .
TAMES /S	ASTOW				
reet Address 165 HOL	LANK ST.	UNIT 25	Street Address		
the same	State 0 T	Zip /11610	Сиу	State	Zip
C161470701.010		00700	÷		
irector Name			Director Name		
Street Address			Street Address		
224	I ou u				
ity	State	Zip	City	State	Zip
. SHARES AUTHOR	IZED (<i>("X" BOX FOR ATTACHM</i> TION <u>MUST</u> BE COMPLETED	ENT)
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100		Ŏ.
			100	Common	201
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1.5.	. 1 1 1 10 00		1 70 1		<u> </u>
is report must be ex	xecuted on behalf of the c	corporation by the receiver of	a representative, it the co	orporation is in the hands of	f a receiver or trustee
		orporation by the rooting.	or tradeoc.		
			Under negalty of pe	erjury, I declare and affirm that	I have examined this re
—	LED			mpanying schedules and staten	
=			coptained herein ar	true and correct.	
ile DateMAR_	02 2009		Jans	WAT	
	2111a		Herlature	0	Date
Check No. By		-	JAMES	BASTOW	
ly:	<u>*</u>		Print or Type Name		· · · · · · · · · · · · · · · · · · ·
	NAME OF A PARTY ASSESSMENT	•	■ Preside	WT	
FOR SECRETAR	RY OF STATE USE ONLY		Title		