



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2010

1. ID No. 000504632

2. Exact Name of the Limited Liability Company Cappels Financial LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

The LLC is established in RI due to the advisor Carolann Brown being located in RI. Most of the transactional business is conducted in RI.

5. Principal Office Address

No. and Street: 130 W. BELLEVUE AVENUE

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MR. LENAN CAPPEL Contact Title:

No. and Street: 3718 LYDIA ESTATES DR.

City or Town: JACKSONVILLE

State: FL

Zip: 32218

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	LENAN CAPPEL	3718 LYDIA ESTATES DR. N JACKSONVILLE, FL 32218 USA
MANAGER	PAULINE CAPPEL	3718 LYDIA ESTATES DR. N JACKSONVILLE, FL 32218 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CAROLANN BROWN 130 W. BELLEVUE AVENUE NEWPORT , RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of January, 2011 at 11:42:56 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CAROLANN BROWN
Signature of Authorized Person

Form No. 632
Revised 09/07

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