



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 76090		2. Exact name of the Corporation CAPRACOTTA CONSTRUCTION, INC			
3. Principal office address 18 Jennifer Lane			City North Smithfield	State RI	Zip 02896
4. Business Phone No. (401)451-8526			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island General construction and contracting business and any and all lawful business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stephen J. Capracotta			Vice-President Name Lisa Capracotta		
Street Address 18 Jennifer Lane			Street Address 18 Jennifer Lane		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Stephen Capracotta			Treasurer Name Lisa Capracotta		
Street Address 18 Jennifer Lane			Street Address 18 Jennifer Lane		
City North Smothfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	None

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.

FILED

MAR 05 2012

File Date _____

Check No _____

By: _____

BY 1009

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.

Stephen J. Capracotta
 Signature of Authorized Representative

2-20-12
 Date

Stephen J. Capracotta

Print or Type Name of Authorized Representative

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