



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. 000003565		2. Exact name of the Corporation W.A. Capuano Inc.			
3. Principal office address 1020 Park Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-943-0550		5. State of Incorporation R. I.			
6. Brief description of the character of business conducted in Rhode Island Insurance Agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William Capuano Sr			Vice-President Name William Capuano Jr		
Street Address 110B Palm Bay Lane			Street Address 11 Iris Drive		
City Palm Beach Gardens	State FL	Zip 33418	City Cranston	State RI	Zip 02920
Secretary Name Lia Papa			Treasurer Name William Capuano Sr		
Street Address 7 Pineridge Drive			Street Address 110B Palm Bay Lane		
City Smithfield	State RI	Zip 02917	City Palm Beach Gardens	State FL	Zip 33418
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lia Papa			Director Name William Capuano Jr.		
Street Address 7 Pineridge Drive			Street Address 11 Iris Drive		
City Smithfield	State RI	Zip 02917	City Cranston	State RI	Zip 02920
Director Name Robyn C Hays			Director Name Kathleen E. Conn		
Street Address 17390 Tall Tree Lane			Street Address 1 Crandall Drive		
City Chagrin Falls	State OH	Zip 44023	City Johnston	State RI	Zip 02919
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
			500	To follow	\$0.00

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2012 MAY 14 AM 11:02
 02920

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.

File Date: **FILED**
 Check No: **MAY 14 2012 11:02**
 By: **By 190720**
FOR SECRETARY OF STATE USE ONLY
Fmc

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.
 Signature of Authorized Representative: Lia Papa Date: 3/7/12
 Print or Type Name of Authorized Representative: LIA PAPA