



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 2013

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. 675596		2. Exact name of the Corporation MIBIT Capital Holding Co.			
3. Principal office address 3675 South Rainbow Blvd., Ste. 107-400			City Las Vegas	State NV	Zip 89144
4. Business Phone No.			5. State of Incorporation Nevada		
6. Brief description of the character of business conducted in Rhode Island To own, invest in and manage property, as well as engage in any other legal activity					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael Integlia, Jr.			Vice-President Name Michael Integlia III		
Street Address 220 South Main Street			Street Address 220 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Kenneth Proto			Treasurer Name Brendon Integlia		
Street Address 220 South Main Street			Street Address 220 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael Integlia, Jr.			Director Name Michael Integlia III		
Street Address 220 South Main Street			Street Address 220 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Kenneth Proto			Director Name Brendon Integlia		
Street Address 220 South Main Street			Street Address 220 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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
			75,000	NoPar	

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 CORPORATIONS DIV
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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 _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED 833
MAR 27 2013
 By R 193677

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 Date **03/25/2013**

Michael Integlia III
 Print or Type Name of Authorized Representative