



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 2014

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. 5333		2. Exact name of the Corporation Capital Properties, Inc.			
3. Principal office address 100 Dexter Road		City East Providence		State RI	Zip 02914
4. Business Phone No. 401-435-7171		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate/Long-Term Land Leasing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Robert H. Eder			Vice-President Name Todd D. Turcotte		
Street Address 100 Dexter Road			Street Address 100 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Stephen J. Carlotti			Treasurer Name Barbara J. Dreyer		
Street Address 100 Dexter Road			Street Address 100 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Robert H. Eder			Director Name Alfred J. Corso		
Street Address 139 North County Road, Suite 24			Street Address 6 Lewis Street		
City Palm Beach	State FL	Zip 33480	City Barrington	State RI	Zip 02806
Director Name Todd D. Turcotte			Director Name Harris N. Rosen		
Street Address 11 Blanding Road			Street Address 36 Lincoln Avenue		
City Rehoboth	State MA	Zip 02769	City Providence	State RI	Zip 02906
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			6,599,912	Class A Common	\$.01

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: _____ BY _____

FOR SECRETARY OF STATE USE ONLY

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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: *Barbara J. Dreyer* Date: 01/07/2014

Barbara J. Dreyer, Treasurer

Print or Type Name of Authorized Representative

Attachment to Profit Corporation Annual Report

For the Year 2014

**Capital Properties, Inc.
Corporate ID No. 5333**

8. Names and Addresses of the Directors (continued):

**Craig M. Scott
177 Wickford Point Road
North Kingstown, RI 02852**

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JAN 08 2014

BY ED 5333