

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.

1. Entity ID No. 34555		2. Exact name of the Corporation Capitol View Corporation				
3. Principal office address				State RI	Zip 02903	
4. Business Phone No. (401) 331-0500			Providence RI 02903 5. State of Incorporation Rhode Island			
Brief description of the characteristics. Brief description of the characteristics are consistent as the characteristics are consistent as the characteristics are characteristics.		s conducted in Rhode Island gement	d			
LIST ALL OFFICERS (N	IAMES AND ADDE	RESSES) ("X" BOX FOR A	TTACHMENT)			
President Name Joseph H. Kimball, Jr.			Vice-President Name None			
Street Address 55 Dorrance Street, 5th Floor			Street Address			
^{ity} Providence	State RI	Zip 02903	City	State	Zip	
oretary Name oseph H. Kimball, Jr.		Treasurer Name Joseph H. Kimball, Jr.				
Street Address 55 Dorrance Street, 5th Floor			Street Address 55 Dorrance Street, 5th Floor			
ity Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903	
	(NAMES AND ADI	DRESSES) ("X" BOX FOR				
irector Name	le.		Director Name			
Joseph H. Kimball, Jr. Street Address 55 Dorrance Street, 5th Floor			Street Address			
Sity	State	Zip	City	State	Zip	
Providence	RI	02903	City	Olate	245	
rirector Name			Director Name			
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTAC	нмент) 🗌	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.			100	Common	\$1.00 par value	
his report must be execut	ed on behalf of the	corporation by an authorize	d representative. If the co	prporation is in the hand ceiver or trustee.	s of a receiver or trustee,	
File Date	The second secon	FILED	Under penalty of perfury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that an statements contained he sin are true and correct.			
Check No		JAN 2 9 2014		inball	1/28/14	
FOR SECRETARY OF STATE USE ONLY BY			Signature of Authoriz	ed Representative ball, Jr., President	Date	
FOR SECRETARY OF ST	ATE USE ONLY 🚾	iv March	2 203ehir Imazılılı	van, vi., i-iesidelit		

Form No. 630 Revised: 01/2012