

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact n	ame of the limited liabi	lity company	<u>_</u>				
141850	Capital	Exact name of the limited liability company Capital Resources Group LLC						
3. State of Formation	4. Brief de	Scription of the charact	er of business as dealers it.					
RI	Real Es	Brief description of the character of business conducted in Rhode Island Real Estate						
5. Principal office address 21 Taylor Road		City Johnston	State RI	Zip 02919				
6, MAILING ADDRESS O	F LIMITED LIABIL	TY COMPANY AND N	AME OF TITLE OF CONTACT	DEDCON	V2919			
Joseph E Santilli J			Contact Title					
Street Address 21 Taylor Road			City Johnston	State	Zip 02919			
7. LIST ALL MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADI HMENT)	PRESSES) OF THE L	MITED LIABILITY COMPANY.	FAPP GABLE TO	NOT LIST MEMBERS			
vlanager Name Joseph E Santilli Jr		Manager Name						
Street Address 21 Taylor Road			Street Address					
Dity Johnston	State RI	Zip 02919	City	State	Zip			
nager Name		Manager Name						
treet Address			Street Address					
<u> </u>								
ity	State	Zip	City	State	Zip			
RESIDENT AGENT IN R	HODE ISLAND							
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Form No. 632 Revised: 01/2012 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 Person

Date

Joseph E Santilli Jr

Print or Type Name of Authorized Person