



**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 2015**

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. 112135		2. Exact name of the Corporation Hall Capital Managment Company, Inc.			
3. Principal office address 26 Bosworth St., Suite 4		City Barrington	State RI	Zip 02806	
4. Business Phone No. 401-245-0049		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Investment Management Services					
President Name Robert F. Hall			Vice-President Name Carol J. McCarthy		
Street Address 7 Tallwood Dr.			Street Address 1 Winterbury Ln.		
City Barrington	State RI	Zip 02806	City Westport	State MA	Zip 02790
Secretary Name Robert F. Hall			Treasurer Name		
Street Address 7 Tallwood Dr.			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name Robert F. Hall			Director Name		
Street Address 7 Tallwood Dr.			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			1,000	Common	0.10

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.



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.

*Max J. Mahoney*

02/25/2015

Signature of Authorized Representative

Date

Max J. Mahoney, Attorney

Print or Type Name of Authorized Representative

**FILED**

Form No. 630  
Revised: 01/2012

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