

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 2010

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.		e of the limited liability Capital Associa			
000132217					
3. State of Formation	Brief description of the character of business conducted in Rhode Island Real Estate Rentals				
RI					
5. Principal office address 181 Wells Avenue			City Newton Center	State MA	Zip 02459
*	MITED LIABILITY	COMPANY AND NA	ME OR TITLE OF CONTACT PE	RSON:	
ontact Name Robert Merowitz			Contact Title Manager		
Street Address 181 Wells Avenue			City Newton Center	State MA	Zip 02459
Y. LIST <u>all</u> managers (n/ ("X" box for attachme	AMES AND ADDR	RESSES) OF THE LIN	IITED LIABILITY COMPANY, IF A	PPLICABLE - DO	NOT LIST MEMBERS
Manager Name Robert Merowitz			Manager Name		
Street Address 181 Wells Avenue			Street Address		
City Newton Center	State MA	Zip 02459	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
RESIDENT AGENT IN RHO					
his information is currently	of record in the	Office of the Secreta	ry of State. Changes require fili	ng Form 642.	~
FILED MAR 0 5 2015					SECRETARY CORPORAT
BY <u>A 24384/</u> 10.'53					AND SHOL
File Date			Under penalty of perjury this report, including an and that all statements	y accompanying s contained herein a	rm that I have examined schedules and statements
FOR SECRETARY OF STATE USE ONLY			Signature of Authorized P Robert Merowitz Print or Type Name of Aut		(Date *

Form No. 632 Revised: 01/2012