



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 2016

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. 1095481		2. Exact name of the Corporation THE CAPALBO GROUP, INC					
3. Principal office address 7 SHORELINE DRIVE				City WESTERLY	State RI	Zip 02891	
4. Business Phone No. (401) 741-7395				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island DENTAL PRACTICE							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name MICHAEL CAPALBO, DR.				Vice-President Name			
Street Address 7 SHORELINE DRIVE				Street Address			
City WESTERLY	State RI	Zip 02891		City	State	Zip	
Secretary Name				Treasurer Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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	
				100		\$.01 per share	

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: _____
FOR SECRETARY OF STATE USE ONLY

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] 1/4/16
 Signature of Authorized Representative Date
MICHAEL CAPALBO
 Print or Type Name of Authorized Representative

FILED

JAN 06 2015

BY DS 1008