



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. 147336		2. Exact name of the Corporation Downcity Capital Partners, Ltd.			
3. Principal office address 56 Pine Street		City Providence	State RI	Zip 02903	
4. Business Phone No. 401-272-5800		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Private Investment Company					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James r. Simmons			Vice-President Name Richard Nadeau, Jr.		
Street Address 56 Pine Street			Street Address 29 Homestead Avenue		
City Providence	State RI	Zip 02903	City North Smithfield	State RI	Zip 02896
Secretary Name James R. Simmons			Treasurer Name James R. Simmons		
Street Address 56 Pine Street			Street Address 56 Pine Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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					
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.					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1,000.00	CNP	\$0.00	

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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

FILED
 JAN 13 2016

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 Representative: James R. Simmons Date: 1/11/16
 Print or Type Name of Authorized Representative: James R. Simmons

BY CM 265154