



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. 797353		2. Exact name of the Corporation Credit Planner Corp.			
3. Principal office address 281 Hope Street			City Bristol	State RI	Zip 02809
4. Business Phone No. 401-447-9227			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Financial Planning					
President Name Marco Capaldi			Vice-President Name		
Street Address 281 Hope Street			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Marco Capaldi			Treasurer Name Marco Capaldi		
Street Address 281 Hope Street			Street Address 281 Hope Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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
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
			50000000	CWP	.01

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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.

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 _____ Date 3/11/16

Marco Capaldi
 Print or Type Name of Authorized Representative

FILED

MAR 25 2016

By 270881
A.A.