

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000503951

2. Name of Corporation The Capital Good Fund

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: <u>22 A STREET</u>

City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE AFFORDABLE MICROLOANS AND PROVIDE TECHNICAL ASSISTANCE TO LOW-INCOME ENTREPRENEURS FOR THE PURPOSE OF STARTING OR EXPANDING A BUSINESS, TO IMMIGRANTS FOR THE PURPOSE OF EDUCATING AND ENABLING THEM TO BECOME PERMANENT LEGAL RESIDENTS OR CITIZENS OF THE US AND TO HOMEOWNERS AND TENANTS TO ENABLE THEM TO MAKE THEIR RESIDENCES MORE ENERGY EFFICIENT.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

| Title | Individual Name | Address |
|-------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

| PRESIDENT | ANDREW V POSNER | 26 SEVENTH ST PROVIDENCE, RI 02906 USA |
|-----------|-----------------|---|
| TREASURER | JASON JAGATIC | 74 HUMBOLDT AVENUE PROVIDENCE, RI 02906 USA |
| DIRECTOR | ANA SILVA | 26 WASHINGTON DR ACTON, MA 01720 USA |
| DIRECTOR | PETRA JENKINS | 1 WAYLAND AVE, #212N POVIDENCE, RI 02906 USA |
| DIRECTOR | LEE HOWER | 61 ASYLUM ROAD WARREN, RI 02885 USA |
| DIRECTOR | MOLLIE WEST | 484 FRANKLIN ST. #2 CAMBRIDGE, MA 02139 USA |
| DIRECTOR | RANDY RICE | 47 HIGGINS AVE PROVIDENCE, RI 02908 USA |
| DIRECTOR | JAMES BUSSIERE | 100 AMICA WAY LINCOLN, RI 02865 USA |
| DIRECTOR | GARY FURTADO | 1005 DOUGLAS PIKE SMITHFIELD, RI 02917 USA |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ANDREW VICTOR POSNER 26 7TH STREET PROVIDENCE, RI 02906

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of June, 2016 at 5:18:33 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By ANDREW V POSNER

Signature of Authorized Person

Form No. 631 Revised 09/07

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