



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 2017

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. 791581		2. Exact name of the Corporation Capone Iron Corporation			
3. Principal office address 20 Turcotte Memorial Drive		City Rowley	State MA	Zip 01969	
4. Business Phone No. 978-948-3548		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Furnish and install structural steel and miscellaneous metals on construction projects					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stephen J. Capone			Vice-President Name Gary D. Capone		
Street Address 33 Spruce Street			Street Address 77 Ingleside Avenue		
City North Reading	State MA	Zip 01864	City Winthrop	State MA	Zip 02152
Secretary Name Stephen J. Capone			Treasurer Name Stephen J. Capone		
Street Address 33 Spruce Street			Street Address 33 Spruce Street		
City North Reading	State MA	Zip 01864	City North Reading	State MA	Zip 01864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Stephen J. Capone			Director Name		
Street Address 33 Spruce Street			Street Address		
City North Reading	State MA	Zip 01864	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	Common	No par value

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

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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

STEPHEN J. CAPONE, PRESIDENT

Print or Type Name of Authorized Representative