



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 JAN -4 AM 11:48
STAMP
STATE OF RHODE ISLAND
JAN 11 2017

1. Entity ID Number 56041		2. Exact name of the Corporation CAPTAIN'S REALTY INC			
3. Principal Office Address 1702 Mineral Spring Ave		City NO PROV		State RI	Zip 02904
4. NAICS Code 53		6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, LEASE, SUBLEASE, RENT, INVEST IN REAL/PERSONAL PROPERTY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARK S CASTELL			Vice-President Name		
Street Address 1702 Mineral Spring Ave			Street Address		
City NO PROV	State RI	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		6000 No Par Value		F	0
11. 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.					
Name of Authorized Representative Mark S Castell					Date 1/03/17
Signature of Authorized Representative					

SIGN DOCUMENT HERE **FILED**

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 04 2017

BY **CM 292278**

FORM 630 - Revised: 10/2016