



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

Fee: \$50.00

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

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000162939

2. Name of Corporation Capitol Special Risks, Inc.

3. Street Address Principal Business Office:

No. and Street: 1000 PARKWOOD CIRCLE
SUITE 925

City or Town: ATLANTA

State: GA Zip: 30339 Country: USA

4. Business Phone No.

770-956-0125

5. State of Incorporation

State: GA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

52

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE WHOLESALE BROKER PLACING BUSINESS IN THE STATE OF RHODE ISLAND

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name | Address |
|-----------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | DOROTHEA WESTIN | 1000 PARKWOOD CIRCLE STE 925 |

| | | |
|----------------|----------------|---|
| | | ATLANTA, GA 30339 USA |
| CEO | LYNN LEVINSON | 1000 PARKWOOD CIRCLE STE 925 ATLANTA, GA 30339 USA |
| VICE PRESIDENT | AMANDA SEDLIAK | 1000 PARKWOOD CIRCLE STE 925 ATLANTA, GA 30339 USA |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares <i>Number of Shares</i> | Total Issued and Outstanding <i>Num of Shares</i> |
|----------------|-----------------|---------------------|---|--|
| CNP | | \$0.0000 | 10,000.00 | 2850 |

9. 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.

Signed this 18 Day of January, 2017 at 9:04:56 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MARY KATHERINE HILDEBRAND
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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