



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

1. Corporate ID No. 514600		2. Name of Corporation Capco Steel Erection Company			
3. Street Address Principal Business Office 33 Acorn Street, Mailbox #7			City Providence	State RI	Zip 02903
4. NAICS Code 31-33		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Specialized Steel Erection					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. Caparco, Jr.			Vice President Name John P. Casale		
Street Address 33 Acorn Street, Mailbox #7			Street Address 33 Acorn Street, Mailbox #7		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Michael J. Caparco, Jr.			Treasurer Name John P. Casale		
Street Address 33 Acorn Street, Mailbox #7			Street Address 33 Acorn Street, Mailbox #7		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
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
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES – THIS SECTION MUST BE COMPLETED		
			Number of Shares 400 Shares Common Stock \$0.01 Par Value	Class/Series	Par Value

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.

Signature
Michael J. Caparco, Jr.

Print or Type Name

President

Title

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 19 2017

BY **3188**