



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. Entity ID Number 21751		2. Exact name of the Corporation CAPITAL FINANCIAL SERVICES INC.			
3. Principal Office Address 1421 W SHURE DR. STE 100			City ARLINGTON HEIGHTS		State IL
			Zip 60004		
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island GENERAL PURPOSE CORPORATION			
5. State of Incorporation NEVADA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name KATHRYN MADISON			Vice-President Name JOHN P GRIFFIN		
Street Address 961 WEIGEL DR			Street Address 1421 W SHURE DR. STE 100		
City ELMHURST		State IL	City ARLINGTON HEIGHTS		State IL
		Zip 60126			Zip 60004
Secretary Name LYNNE ZAREMBA			Treasurer Name JOHN P GRIFFIN		
Street Address 1421 W SHURE DR. STE 100			Street Address 1421 W SHURE DR. STE 100		
City ARLINGTON HEIGHTS		State IL	City ARLINGTON HEIGHTS		State IL
		Zip 60004			Zip 60004
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name KATHRYN MADISON			Director Name		
Street Address 961 WEIGEL DR			Street Address		
City ELMHURST		State IL	City		State
		Zip 60126			Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	City		State
		Zip			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
			100		COMMON
					\$1
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. <i>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.</i>					
Name of Authorized Representative RICK L BEHNKE ASSISTANT TREASURER					Date 1/26/17
Signature of Authorized Representative 					

CORPORATION RETURNED TO MAIL ROOM **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

FEB 10 2017

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JD# 21751

CAPITAL FINANCIAL SERVICES INC.

Directors & Officers

Director	Kathryn Madison
President	Kathryn Madison
Vice President and Chief Financial Officer	John P. Griffin
Vice President & Secretary	Lynne Zaremba
Vice President	Donald Scarcello
Assistant Vice President & Assistant Secretary	Rose C. Mancini
Assistant Vice President & Assistant Secretary	Bruce E. Gaddy
Assistant Vice President	Joseph J. Kelly
Assistant Vice President	Carin Rodemoyer
Assistant Vice President	Phyllis I. Johnston
Assistant Vice President	Isabel Pierri-Isabelle
Assistant Vice President	Christina A. Kozaritz
Assistant Vice President	Connie F. Rogers
Assistant Vice President	Mark LoSacco
Assistant Vice President	Quandrea Fester
Assistant Vice President	Ronda Nitsche
Assistant Vice President	Jose Churruca
Assistant Vice President	David Bertaut
Assistant Treasurer	Rick L. Behnke
Assistant Treasurer	James S. Stiegel
Assistant Treasurer	Steven E. Smith