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

<ul><li>→ Filing Fee: \$50.00</li><li>→ Penalty: Additional \$25.00</li></ul>	fee if form is not f	iled by April 1.						
1. Entity ID Number <b>21751</b>		2. Exact name of the Corporation  CAPITAL FINANCIAL SERVICES INC.						
Principal Office Address     1421 W SHURE DR. STE 100		<u>,                                      </u>	City ARLINGTO	ON HEIGHTS	State IL	Zip <b>60004</b>		
4. NAICS Code 52 - Finance and Insurance 5. State of Incorporation		ion of the charac RPOSE CORPO		conducted in Rhode Is	sland			
NEVADA  7. List ALL officers (names and ad	drance)			Chack	** · ** ** ** ** ** ** ** ** ** ** ** **			
President Name  KATHRYN MADIS	ion		Vice-Presiden	Check to nt Name JOHN P GRIF		indicate an attachment 🔽		
Street Address 961 WEIGEL DR			Street Addres	Street Address 1421 W SHURE DR. STE 100				
City ELMHURST	State	<sup>Zip</sup> <b>60126</b>	City ARLING	STON HEIGHTS	State IL	Zip <b>60004</b>		
Secretary Name LYNNE ZAREMBA		<u></u>	Treasurer Nar	Treasurer Name JOHN P GRIFFIN				
Street Address 1421 W SHURE DR	t. STE 100			s 1421 W SHURE DR	STE 100			
City ARLINGTON HEIGHTS	State IL	<sup>Zip</sup> 60004		STON HEIGHTS	State IL			
8. List ALL directors (names and a	ddresses)				the box to i	indicate an attachment		
Director Name KATHRYN MADISO	)N		Director Name					
Street Address 961 WEIGEL DR			Street Address	Street Address				
City ELMHURST	State IL	Zip <b>60126</b>	City		State	Zip		
Director Name	<u> </u>	, <u> </u>	Director Name	<u> </u>				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issu				ndicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF	SHARES	CLASS/SERIES COMMON				
Changes require an additional filing.								
11. This report must be executed or trustee, this report must be executed	n behalf of the corr	poration by an a	uthorized repres	entative. If the corpora	ation is in t	he hands of a receiver or		
Under penalty of perjury, I declar statements, and that all statemer	re and affirm that	I have examine	ed this report, in	ncluding any accomp	panying so	chedules and		
Name of Authorized Representative		Bill die nav and	I COHECE.		Date	1 1		
RICK L BEHNKE ASSISTANT TREASURER //26/17								
Signature of Authorized Reprosent	flive	Section (Fig. 1)	vior na air	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 1 0 2017

BY 900542260

## DA# 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			