



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 162190		2. Exact name of the Corporation Capital Bookkeeping, Inc.			
3. Principal Office Address 165 Holland Street, Unit 25			City Cranston	State RI	Zip 02920
4. Business Phone Number: 401-383-9805		6. Brief description of the character of business conducted in Rhode Island Bookkeeping services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Bastow			Vice-President Name James Bastow		
Street Address 165 Holland Street, Unit 25			Street Address 165 Holland Street, Unit 25		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name James Bastow			Treasurer Name James Bastow		
Street Address 165 Holland Street, Unit 25			Street Address 165 Holland Street, Unit 25		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James Bastow			Director Name		
Street Address 125 Holland Street, Unit 25			Street Address		
City Cranston	State RI	Zip 02920	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
			100	Common	No Par
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 James Bastow					Date 2-13-17
Signature of Authorized Representative 					

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
 FEB 15 2017
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