



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR -2 AM 11:02

1. Entity ID Number 000144485		2. Exact name of the Corporation Capital Hotels Corporation			
3. Principal Office Address 4 Fox Place Floor 2		City Providence		State RI	Zip 02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island Real Estate Ownership, Operation, Development				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vincent J Mesolella			Vice-President Name		
Street Address 4 Fox Place Floor 2			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Vincent J Mesolella			Treasurer Name Vincent J Mesolella		
Street Address 4 Fox Place Floor 2			Street Address 4 Fox Place Floor 2		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
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
			500		COMMON
					PAR VALUE
					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 Vincent J Mesolella					Date 1/24/2017
Signature of Authorized Representative 					11:09 am
FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govMAR 02 2017
BY 297274

FORM 630 - Revised: 10/2016