



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 84273		2. Exact name of the Corporation Capital Innovations, Inc.			
3. Principal Office Address 1865 Post Road - Suite 206			City Warwick	State RI	Zip 02886
4. NAICS Code 81 - Other Services (except <input type="checkbox"/>)		6. Brief description of the character of business conducted in Rhode Island To engage in the development of innovative products.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dr. Brad Turchetta			Vice-President Name Dr. Brad Turchetta		
Street Address 1865 Post Road - Suite 206			Street Address 1865 Post Road - Suite 206		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Dr. Brad Turchetta			Treasurer Name Dr. Brad Turchetta		
Street Address 1865 Post Road - Suite 206			Street Address 1865 Post Road - Suite 206		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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			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 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.					
Name of Authorized Representative Dr. Brad Turchetta					Date 2/21/17
Signature of Authorized Representative 					

FILED

MAR 06 2017

BY

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov