



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 000112135		2. Exact name of the Corporation Hall Capital Management Company, Inc.			
3. Principal Office Address 26 Bosworth Street, Suite 4			City Barrington	State RI	Zip 02806
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island Investment Management Services			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert F. Hall			Vice-President Name Carol J. McCarthy		
Street Address 7 Tallwood Drive			Street Address 1 Winterbury Ln.		
City Barrington	State RI	Zip 02806	City Westport	State MA	Zip 02790
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert F. Hall			Director Name		
Street Address 7 Tallwood Drive			Street Address		
City Barrington	State RI	Zip 02806	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	
		200,000.00		CWP	
				PAR VALUE	
				\$0.1000	
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 Max J. Mahoney, Attorney (t: 781-643-1254)				Date 3/14/17	
Signature of Authorized Representative <i>Max J. Mahoney</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040

FILED
 MAR 20 2017
 BY 7009DS