s s	tate of Rhode Island and Pro Office of the Secreta		6 Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 029 (401) 222-30	treet 04-2615	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>00013052</u>	5		
2. Exact Name of the Limited Liability Company <u>CAPITOL ENTERPRISES LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	e entity. Download
	e Character of the Business Whic	h is Actually Conducted	in Phode Island
REAL ESTATE HOLD	ING COMPANY		
5. Principal Office Addre	SS		
	OASTWIND DRIVE STERLY Sta	te: <u>RI</u> Zip: <u>02891</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Contact Pers	son:
	OASTWIND DRIVE	e: <u>RI</u> Zip: <u>02891</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addres	
	First, Middle, Last, Suffix	Address, City or Town, Stat	e, Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ADAM LABONTE 97 CROSS STREET WESTERLY, RI 02891

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

## Signed this 20 Day of September, 2017 at 10:52:11 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By ADAM N. LABONTE

Signature of Authorized Person

Form No. 632 Revised 09/07

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