



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 19 2018

BY

3070

Annual Report for the year: **2018**
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 000104079		2. Exact name of the Corporation CAPITAL CAR CENTER INC			
3. Principal Office Address 734 HARTFORD AVE			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island WHOLE AND RETAIL AUTOMOBILE SALES				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID S MARTINELLI			Vice-President Name DAVID S MARTINELLI		
Street Address 351 ROCKLAND ROAD			Street Address 351 ROCKLAND ROAD		
City SCITUATE	State RI	Zip 02857	City SCITUATE	State RI	Zip 02857
Secretary Name SYLVIA CAPUTI			Treasurer Name DAVID S MARTINELLI		
Street Address 28 JFK CIRCLE			Street Address 351 ROCKLAND ROAD		
City NO PROV	State RI	Zip 02904	City SCITUATE	State RI	Zip 02857
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		
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 DAVID S MARTINELLI				Date 1/18/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	