



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 6883		2. Exact name of the Corporation PROVIDENCE CAPITAL GROUP INC.			
3. Principal Office Address 250 B CENTERVILLE RD		City WARWICK	State R.I.	Zip 02886	
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island VENTURE CAPITAL + TURNAROUND			
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 THOMAS L DEPETRILLO			Vice-President Name THOMAS L DEPETRILLO		
Street Address 250 B CENTERVILLE RD			Street Address 250 B CENTERVILLE RD		
City WARWICK	State R.I.	Zip 02886	City WARWICK	State R.I.	Zip 02886
Secretary Name THOMAS L DEPETRILLO			Treasurer Name THOMAS L DEPETRILLO		
Street Address 250 B CENTERVILLE RD			Street Address 250 B CENTERVILLE RD		
City WARWICK	State R.I.	Zip 02886	City WARWICK	State R.I.	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
			500	STK	\$0.00
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 THOMAS L DEPETRILLO				Date 1-2-2018	
Signature of Authorized Representative <i>Thomas L Depetrillo</i>				FILED	

FILED
JAN 19 2018

BY 2218 KM