



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 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 454390	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"/>		
Secretary Name Dr. Brad Turchetta Street Address 1865 Post Road - Suite 206 City Warwick State RI Zip 02886		President Name Dr. Brad Turchetta Street Address 1865 Post Road - Suite 206 City Warwick State RI Zip 02886
Treasurer Name Dr. Brad Turchetta Street Address 1865 Post Road - Suite 206 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

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 Brad Turchetta	Date 2/28/18
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Signature of Authorized Representative SIGN DOCUMENT HERE **FILED**