



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			Treasurer Name Dr. Brad Turchetta		
Street Address 1865 Post Road - Suite 206			Street Address 1865 Post Road - Suite 206		
City Warwick State RI Zip 02886			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
			100		Common
			PAR VALUE		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
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

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

MAR 12 2018

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FORM 630 - Revised: 10/2017