RI SOS Filing Number: 201863634630 Date: 5/4/2018 4:00:00 PM

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	2. Exact name of the Corporation
000112135	Hall Capital Management Company, Inc.

3. Principal Office Address	City	State	Zip
26 Bosworth Street, Suite 4	Barrington	RI	02806

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
525990	Investment Management Service
5. State of Incorporation: MA	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

	President	Vice-President
Name	Robert F. Hall	Carol J. McCarthy
Street Address	7 Tallwood Dr.	1 Winthrop Ln.
City	Barrington	Westport
State	RI	MA
Zip	02806	02790

	Secretary	Treasurer
Name		
Street Address		
City		
State		
Zip		

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director	Director
Name	Robert F. Hall	
Street Address	7 Tallwood Dr.	
City	Barrington	
State	RI	
Zip	02806	

	Director	Director
Name		
Street Address		
City		
State		
Zip		

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200,000.00	CWP	$0.1000

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	Date
Max J. Mahoney, Attorney (t. 781.643-1254)	5/1/18

Signature of Authorized Representative: Max J. Mahoney

SIGN DOCUMENT HERE

FILED

MAY 04 2018

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

FORM 630 - Revised: 10/2017