



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 000112135		2. Exact name of the Corporation Hall Capital Management Company, Inc.	
3. Principal Office Address 26 Bosworth Street, Suite 4		City Barrington	State RI
4. NAICS Code 325990		6. Brief description of the character of business conducted in Rhode Island Investment Management Services	
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name ROBERT F. HALL		Vice-President Name CAROL J. McCARTHY	
Street Address 7 TALLWOOD DR.		Street Address 1 WINTERBURY LN.	
City BARRINGTON	State RI	City WESTPORT	State MA
Zip 02806		Zip 02790	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name ROBERT F. HALL		Director Name	
Street Address 7 TALLWOOD DR.		Street Address	
City BARRINGTON	State RI	City	State
Zip 02806		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 200,000.00	CLASS/SERIES CWP
			PAR VALUE \$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 MAX J. MAHONEY, Attorney (t. 781.643-1254)		Date 5/1/18	
Signature of Authorized Representative <i>Max J. Mahoney</i>		SIGN DOCUMENT HERE FILED <i>OV</i>	

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

MAY 04 2018

1007