State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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
000125099	Capstone Building Corp.

3. Principal Office Address	City	State	Zip
3415 Independence Drive	Birmingham	AL	35209

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236115	General Contractor
5. State of Incorporation	
AL	

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

President Name	Vice-President Name
Jay Chapman	Chris Travis And Danny Stevens
Street Address: 3415 Independence Drive	Street Address: 3415 Independence Drive
City: Birmingham, State: AL, Zip: 35209	City: Birmingham, State: AL, Zip: 35209
Secretary Name	Treasurer Name
Street Address	Street Address
City, State, Zip	City, State, Zip

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

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

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
CWP		1 000

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
Chris Travis	09/17/2018

Signature of Authorized Representative

SIGN DOCUMENT

FILED

SEP 21 2018

BY 10054222

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