



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2019  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE  
 BUS. SERVICES DIV.  
 2020 JUL - 8 PM 1:40

1. Entity ID Number <b>124319</b>		2. Exact name of the Corporation <b>CAP AND SONS, INC</b>			
3. Principal Office Address <b>14 JUNIPER LANE</b>		City <b>JOHNSTON</b>		State <b>RI</b>	
4. NAICS Code <b>23 - Construction 238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>OWNERSHIP AND OPERATION OF A LANDSCAPE, EXCAVATING AND CONSTRUCTION</b>			
5. State of Incorporation <b>RI</b>		BUSINESS TITLE: 7-1.1-51			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CARMINO A PALIOTTA</b>			Vice-President Name <b>CARMINO A PALIOTTA JR</b>		
Street Address <b>14 JUNIPER LANE</b>			Street Address <b>14 JUNIPER LANE</b>		
City <b>JOHNSTON</b>		State <b>RI</b>	Zip <b>02919</b>	City <b>JOHNSTON</b>	
State <b>RI</b>		Zip <b>02919</b>		State <b>RI</b>	
Zip <b>02919</b>		City <b>JOHNSTON</b>		State <b>RI</b>	
State <b>RI</b>		Zip <b>02919</b>		City <b>JOHNSTON</b>	
City <b>JOHNSTON</b>		State <b>RI</b>		Zip <b>02919</b>	
Secretary Name		Treasurer Name			
Street Address		Street Address			
City		State		Zip	
City		State		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
State		Zip		City	
City		State		Zip	
City		State		Zip	
City		State		Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <input type="checkbox"/>
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>500</b>		<b>0</b>
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. <i>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.</i>					
Name of Authorized Representative <b>CARMINO PALIOTTA</b>					Date <b>7/8/20</b>
Signature of Authorized Representative <i>[Signature]</i>					

SIGN DOWN 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

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