



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

DEC 21 2020

STAMP

1436

1. Entity ID Number 794413		2. Exact name of the Corporation Capitol Strategies Group, Inc.			
3. Principal Office Address 34 Sweet Briar Lane			City West Warwick	State RI	Zip 02893
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Consulting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen Alves			Vice-President Name Debra Alves		
Street Address 34 Sweet Briar Lane			Street Address 34 Sweet Briar Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Debra Alves			Treasurer Name Stephen Alves		
Street Address 34 Sweet Briar Lane			Street Address 34 Sweet Briar Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen Alves			Director Name Debra Alves		
Street Address 34 Sweet Briar Lane			Street Address 34 Sweet Briar Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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		PAR VALUE
			100	STK	\$1.00
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 Stephen Alves				Date 12/15/2020	
Signature of Authorized Representative 					