



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: **2020**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

Amended

1. Entity ID Number 000141850		2. Exact name of the Limited Liability Company CAPITAL RESOURCES GROUP LLC	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE	
5. State of Formation RI			
6. Principal Office Address 21 TAYLOR ROAD		City JOHNSTON	State RI
		Zip 02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name JOSEPH E SANTILLI JR		Contact Title PRESIDENT	
Street Address 21 TAYLOR ROAD		City JOHNSTON	State RI
		Zip 02919	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name DIANE L SANTILLI		Manager Name MICHAEL G SANTILLI	
Street Address 21 TAYLOR ROAD		Street Address 3A PONAGANSETT ROAD	
City JOHNSTON	State RI	City FOSTER	State RI
Zip 02919		Zip 02828	
Manager Name JOSEPH E SANTILLI JR		Manager Name	
Street Address 21 TAYLOR ROAD		Street Address	
City JOHNSTON	State RI	City	State
Zip 02919		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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 Person JOSEPH E SANTILLI		Date 3/1/2021	
Signature of Authorized Person 			

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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RI DEPT OF STATE
BUS SVCS DIV
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MAR 01 2021

A.A. 4:10pm



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 01, 2021 04:10 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea".

Nellie M. Gorbea

Secretary of State

