



State of Rhode Island
 Department of State - Business Services Division

FILED

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.

JUL 08 2021

BY 2034

1. Entity ID Number 329769		2. Exact name of the Corporation CAPABILITY ACCELERATORS, INC.			
3. Principal Office Address 12224 PATRIOT WAY		City WEST GREENWICH		State RI	Zip 02817
4. NAICS Code 541618	6. Brief description of the character of business conducted in Rhode Island BUSINESS CONSULTING				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JEFFREY S. DECKMAN			Vice-President Name N/A		
Street Address 12224 PATRIOT WAY			Street Address		
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CWP	0.01
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 JEFFREY S. DECKMAN				Date 07/01/2021	
Signature of Authorized Representative 					

MAIL TO:
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