



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2023 JAN 30 P 1:45

1. Entity ID Number 56041		2. Exact name of the Corporation CAPTAIN'S REALTY INC.										
3. Principal Office Address 1702 Mineral Spring		City No. Prov	State RI									
4. NAICS Code 53120		6. Brief description of the character of business conducted in Rhode Island To Purchase, Lease, Sublease, Rent INVEST IN REAL / PERSONAL PROPERTY										
5. State of Incorporation R.I.												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name MARK S. CASTELLI		Vice-President Name										
Street Address 1702 Mineral Spring Ave		Street Address										
City No Prov	State RI	City	State									
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name NONE		Director Name										
Street Address		Street Address										
City	State	City	State									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>NO PAR VALUE</td> <td>- 0 -</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	NO PAR VALUE	- 0 -			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
600	NO PAR VALUE	- 0 -										
Changes require an additional filing.												
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 Mark S. Castelli Pres.		Date 1/30/23										
Signature of Authorized Representative MARK S. CASTELLI Pres												

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

JAN 30 2023

BY ML ANG2C

FORM 630 - Revised: 11/2021