



State of Rhode Island

Department of State - Business Services Division

STAMP

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.

RECEIVED
FOR SECRETARY OF STATE
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 FEB 14 A 11:01

1. Entity ID Number 514600		2. Exact name of the Corporation Capco Steel Erection Company			
3. Principal Office Address 33 Acorn Street Mailbox #7			City Providence	State RI	Zip 02903
4. NAICS Code 238120		6. Brief description of the character of business conducted in Rhode Island Specialized Steel Erection			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael J. Caparco, Jr.			Vice-President Name John P. Casale		
Street Address 33 Acorn Street Mailbox #7			Street Address 33 Acorn Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Michael J. Caparco, Jr.			Treasurer Name John P. Casale		
Street Address 33 Acorn Street Mailbox #7			Street Address 33 Acorn Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		400 Common with 0.01 par			
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 Michael J. Caparco, Jr.				Date 2/2/2023	
Signature of Authorized Representative 				FILED	

FEB 14 2023

BY ML HD89P

MAIL TO:
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Website: www.sos.ri.gov