



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
 Corporation

FEB 21 2023
 BY [Signature]
[Signature]

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001679925		2. Exact name of the Corporation Capital Building & Design, Inc.			
3. Principal Office Address 585 Milford Road			City Swansea	State Ma	Zip 02777
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Residential & Light Commerical General Contractor			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald L. Eaton			Vice-President Name		
Street Address 329 Pearse Road			Street Address		
City Swansea	State MA	Zip 02777	City	State	Zip
Secretary Name			Treasurer Name		
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 Ronald L Eaton			Director Name		
Street Address 329 Pearse Road			Street Address		
City Swansea	State MA	Zip 02777	City	State	Zip
Director Name Doreen M Eaton			Director Name		
Street Address 329 Pearse Road			Street Address		
City Swansea	State MA	Zip 02777	City	State	Zip
9. Shares Authorized 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 20000	CLASS/SERIES None	PAR VALUE 0	
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 Ronald L Eaton				Date 2/15/23	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
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