

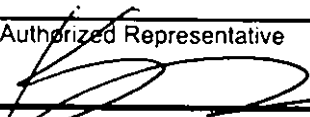


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

APR 08 2024
333 *or*

- 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 001734937		2. Exact name of the Corporation CAPTAIN'S QUARTERS PROPERTIES INC			
3. Principal Office Address 421 BROADWAY UNIT 3			City NEWPORT	State RI	Zip 02840
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE AGENCY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KEVIN CASTNER			Vice-President Name SAME		
Street Address 421 BROADWAY UNIT 3			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name			Treasurer Name SAME		
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 NONE			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 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600	COMMON	\$1.00	
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 KEVIN CASTNER					Date 4-4-2024
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov