



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2025  
Limited Liability Company

- 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 <b>001760617</b>		2. Exact name of the Limited Liability Company <b>Capasso Distributors, LLC</b>	
3. NAICS Code <b>541614</b>		4. Brief description of the character of business conducted in Rhode Island <b>Engage in the business of distributing various goods.</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>19 Maribeth Drive</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Donald Capasso, Jr.</b>		Contact Title <b>Member</b>	
Street Address <b>19 Maribeth Drive</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
9. 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 Person <b>Donald Capasso, Jr.</b>			Date
Signature of Authorized Person 			

FILED

FEB 24 2025

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MAIL TO:  
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