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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2017
Corporation _____

- 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 000842569		2. Exact name of the Corporation Capital Energy Inc.				
3. Principal Office Address 45 Broadway Suite 2230			City New York	State NY	Zip 10006	
4. NAICS Code 221118		6. Brief description of the character of business conducted in Rhode Island Energy broker services				
5. State of Incorporation NY						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Caleb Berger			Vice-President Name None			
Street Address 45 Broadway Suite 2230			Street Address			
City New York	State NY	Zip 10006	City	State	Zip	
Secretary Name Caleb Berger			Treasurer Name Caleb Berger			
Street Address 45 Broadway Suite 2230			Street Address 45 Broadway Suite 2230			
City New York	State NY	Zip 10006	City New York	State NY	Zip 10006	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Caleb Berger			Director Name None			
Street Address 45 Broadway Suite 2230			Street Address			
City New York	State NY	Zip 10006	City	State	Zip	
Director Name None			Director Name None			
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	
		None		CNP	\$0.0000	
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 Caleb Berger					Date 04/11/2025	
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

FILED

APR 21 2025
BY QRIDOS AA.
10:15 AM.

FORM 630- Revised: 12/2023