



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2015
Corporation

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

REC'D RIDOS BSD
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STAMP

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 ☐					
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 ☐					
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 Check the box to indicate an attachment ☐					
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 ☐	
		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 					

FILED

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

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BY Q2105
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FORM 630- Revised: 12/2023