



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
**STAMP**  
JUL 31 2025  
RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <b>000124319</b>		2. Exact name of the Corporation <b>CAP AND SONS, INC.</b>	
3. Principal Office Address <b>14 JUNIPER LANE</b>		City <b>JOHNSTON</b>	State <b>RI</b>
		Zip <b>02919</b>	
4. NAICS Code <b>238990</b>	6. Brief description of the character of business conducted in Rhode Island <b>OWNERSHIP AND OPERATION OF A LANDSCAPE, EXCAVATING AND CONSTRUCTION</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>CARMINO A PALIOTTA</b>		Vice-President Name <b>TYLER ANTHONY PALIOTTA</b>	
Street Address <b>14 JUNIPER LANE</b>		Street Address <b>14 JUNIPER LANE</b>	
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>JOHNSTON</b>
			State <b>RI</b>
			Zip <b>02919</b>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		500	NO
			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. <b>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.</b>			
Name of Authorized Representative <b>CARMINO A PALIOTTA</b>			Date <b>7/17/25</b>
Signature of Authorized Representative 			

MAIL TO:  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)