

1.) CORPORATION NAME:

CAPITAL CONTRACTORS, INC.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA 23114**

SCC ID NO: **F1799834**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 88 DURYE A ROAD

CITY/ST/ZIP: MELVILLE, NY 11747

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: DENNIS KAPLAN TITLE: PRESIDENT ADDRESS: 88 DURYE A ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOANN LOMBARDI TITLE: VICE PRESIDENT ADDRESS: 88 DURYE A ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JIMMY LOMBARDO TITLE: VICE PRESIDENT ADDRESS: 88 DURYE A ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT NATALE TITLE: VICE PRESIDENT ADDRESS: 88 DURYE A ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT BADOLATO SKLAR TITLE: VICE PRESIDENT ADDRESS: 88 DURYE A ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ALAN KRISTAL TITLE: SECRETARY ADDRESS: 88 DURYE A ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JUSTIN GREEN TITLE: DIRECTOR ADDRESS: 88 DURYEA ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID PEREZ TITLE: DIRECTOR ADDRESS: 88 DURYEA ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERIK SCOTT TITLE: DIRECTOR ADDRESS: 88 DURYEA ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT BADOLATO TITLE: VICE PRESIDENT ADDRESS: 88 Duryea Road CITY/ST/ZIP/CO: Melville, NY 11747	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ALAN KRYSTAL	ALAN KRYSTAL, SECRETARY	8/23/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		