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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 1/1/20052. House Identification Number 34919 Senate Identification Number _____**REGISTRANT**3. Registrant name Organization Capitol City Group, Ltd.Address 601 Pennsylvania Avenue Suite 900, South Bldg.City Washington State DC Zip 20004 Country US

4. Principal place of business (if different than line 3)

City _____ State _____ Zip _____

5. Telephone number and contact name

202-434-8211

Prefix Full Name

Contact Mr.

Gerald T. Harrington E-mail gharrington@capitolcitygrp.co6. General description of registrant's business or activities
government relations**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.* Self7. Client name City of East Providence, Rhode IslandAddress 145 Taunton AvenueCity East Providence State RI Zip 02914 Country US

8. Principal place of business (if different than line 7)

City _____ State _____ Zip _____ Country _____

9. General description of client's business or activities
municipality**LOBBYISTS**

Go to page 3 to add more

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Gerald	Harrington		
Christopher	Vitale		

Registrant Name Capitol City Group, Ltd.

Client Name City of East Providence,

LOBBYING ISSUES

Find the code to select below.

Go to page 3 to add more lobbying

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of form LD-1, page

BUD

12. Specific lobbying issues (current and anticipated)
Appropriations

AFFILIATED ORGANIZATIONS

Go to page 3 to add more organ

13. Is there an entity other than the client that contributes more than \$0,000 to the lobbying activities of the registrant in a semiannual period in whole or in major part plans supervises or controls the registrant's lobbying activities?

No => Go to line 14.

Yes => Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country)

FOREIGN ENTITIES

Go to page 3 to add more foreign

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13;
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of lobbying activity?

No => Sign and date the registration.

Yes => Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Other
	Street Address	State/Province	Country			

Form Com

Printed Name and Title Gerald T. Harrington, President *Gerald T. Harrington* 2/1

