

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration Mar 01, 2006

2. House Identification Number _____

Senate Identification Number 52903-505

REGISTRANT

3. Registrant Name: CAPITOL CITY GROUP, LTD.
Address: 260 West Exchange Street Suite 203
City: Providence State: RI Zip: 02903

4. Principal place of business (if different from line 3):
City: _____ State/Zip(or Country): _____

5. Telephone number and contact name:
401-453-1786 Contact: CHRISTOPHER VITALE
E-mail(optional): cvitale@capitolcitygrp.com

6. General description of registrant's business or activities:
government relations consulting firm

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.

Self

7. Client name: THUNDERMIST HEALTH CENTER
Address: 191 SOCIAL STREET
City: WOONSOCKET State: RI Zip: 02895

8. Principal place of business (if different from line 7):
City: _____ State/Zip(or Country): USA

9. General description of client's business or activities:
community health center

LOBBYISTS

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: HARRINGTON, GERALD
Covered Official Position (if applicable): _____
Name: VITALE, CHRISTOPHER
Covered Official Position (if applicable): _____

LOBBYING ISSUES

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

BUD

12. Specific lobbying issues (current and anticipated):

FY07 Appropriations, LHHS

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semi-annual period **and** 13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a

Registrant Name: CAPITOL CITY GROUP, LTD. Client Name: THUNDERMIST HEALTH CENTER

semi-annual period in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No, then go to line 14.

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

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- 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; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No, then sign and date the registration.

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

Signature: ON FILE Date: Mar 10, 2006

Printed Name and Title: CHRISTOPHER P. VITALE, VICE PRESIDENT -