



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 156425		2. Name of Corporation Page Interworks, Corporation			
3. Street Address Principal Business Office 923 Main Street (PO Box 1929 for Correspondence)			City North Wilkesboro	State NC	Zip 28659
4. Business Phone No. 336-667-4225		5. State of Incorporation North Carolina			
6. Brief Description of the Character of Business Conducted in Rhode Island Plumbing, mechanical, and electrical design services for large commercial buildings.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carl A. R. Page			Vice President Name Carl A. R. Page		
Street Address 923 Main Street (PO Box 1929 for Correspondence)			Street Address 923 Main Street (PO Box 1929 for Correspondence)		
City North Wilkesboro	State NC	Zip 28659	City North Wilkesboro	State NC	Zip 28659
Secretary Name Carl A. R. Page			Treasurer Name Carl A. R. Page		
Street Address 923 Main Street (PO Box 1929 for Correspondence)			Street Address 923 Main Street (PO Box 1929 for Correspondence)		
City North Wilkesboro	State NC	Zip 28659	City North Wilkesboro	State NC	Zip 28659
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 100			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value \$ 1.00

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.

FILED

File Date FEB 07 2011

Check No. By mnc

By: 14380

FOR SECRETARY OF STATE USE ONLY

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.

Carl A. R. Page 2-3-11
Signature Date
Carl A. R. Page
Print or Type Name
Owner/President
Title