



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 2014

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. 000673193		2. Name of Corporation Page Building Construction Co., Inc.			
3. Street Address Principal Business Office 135 Old Page Street, Suite 4			City Stoughton	State MA	Zip 02072
4. Business Phone No. (781) 341-0004		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island Construction General Contracting					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rossano Crugnale			Vice President Name		
Street Address 4 Sunset Drive			Street Address		
City Sharon	State MA	Zip 02067	City	State	Zip
Secretary Name Carmine Crugnale			Treasurer Name Paul Crugnale		
Street Address 11 Village Gate Road			Street Address 17 Stonewood Drive		
City Canton	State MA	Zip 02021	City Canton	State MA	Zip 02021
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John Crugnale, Jr.			Director Name Rossano Crugnale		
Street Address 83 Oak Street			Street Address 4 Sunset Drive		
City Norton	State MA	Zip 02766	City Sharon	State MA	Zip 02067
Director Name Carmine Crugnale			Director Name		
Street Address 11 Village Gate Road			Street Address		
City Canton	State MA	Zip 02021	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			275,000	CNP	0

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.

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.

Signature

Date

Rossano Crugnale

Print or Type Name

President

Title

FILED	
File Date	FEB 18 2014
Check No.	
By	4091
By	KMC
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