



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 1658717		2. Exact name of the Corporation CRANSTON BUSINESS SOLUTIONS, INC.			
3. Principal Office Address 1441 Park Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Business machine company.			
5. State of Incorporation Rhode Island		812990			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael A. DiMascolo			Vice-President Name Michael A. DiMascolo		
Street Address 71 Applehouse Drive			Street Address 71 Applehouse Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Michael A. DiMascolo			Treasurer Name Michael A. DiMascolo		
Street Address 71 Applehouse Drive			Street Address 71 Applehouse Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Michael A. DiMascolo			Director Name None		
Street Address 71 Applehouse Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			Common		
			No Par Value		
11. 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.					
Name of Authorized Representative Michael A. DiMascolo				Date 2/24/2018	
Signature of Authorized Representative <i>Michael A. DiMascolo</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

FEB 28 2018

FORM 630 - Revised: 10/2016

BY 1795025