



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.

FILED

MAR 22 2018

BY

12337

1. Entity ID Number 000673193		2. Exact name of the Corporation Page Building Construction Co., Inc.												
3. Principal Office Address 135 Old Page Street, Suite 4		City Stoughton		State MA	Zip 02072									
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island construction general contracting													
5. State of Incorporation Massachusetts														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 Grugnale											
Street Address 11 Village Gate Road			Street Address 17 Stonewood Drive											
City Canton	State MA	Zip 02021	City Canton	State MA	Zip 02021									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name John Crugnale, Jr.			Director Name Rossano Crugnale											
Street Address 83 Oak Street			Street Address 4 Sunset Drive											
City Norton	State MA	Zip 020766	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 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 <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>275,000</td><td>CNP</td><td>0</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	275,000	CNP	0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
275,000	CNP	0												
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 Rossano Crugnale					Date 03/02/2018									
Signature of Authorized Representative 					SIGN DOCUMENT HERE									

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov