



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

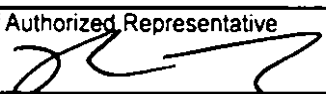
Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAY 11 PM 2:48

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 238290		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 None		
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. 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 Check the box to indicate an attachment <input type="checkbox"/>					
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"/>		
			NUMBER OF SHARES 275,000	CLASS/SERIES CNP	PAR VALUE 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 May 1, 2020
Signature of Authorized Representative  SIGN DOCUMENT HERE FILED					

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

MAY 11 2020
VHFIV A.A.
BY

FORM 630 - Revised: 10/2017