



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

REC'D RIDGS BSD
24 MAR 2024 AM 11:34:44

1. Entity ID Number 000005322		2. Exact name of the Corporation CROSTOWN PRESS, INC.	
3. Principal Office Address 829 PARK AVENUE		City CRANSTON	State RI
		Zip 02910	
4. NAICS Code 323111	6. Brief description of the character of business conducted in Rhode Island PRINTING BUSINESS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name STEVEN H. LEVY		Vice-President Name MIRIAM LEVY	
Street Address 829 PARK AVENUE		Street Address 829 PARK AVENUE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02910	
Secretary Name DONNA J. LEVY		Treasurer Name STEVEN H. LEVY	
Street Address 829 PARK AVENUE		Street Address 829 PARK AVENUE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02910	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name STEVEN H. LEVY		Director Name MIRIAM LEVY	
Street Address 829 PARK AVENUE		Street Address 829 PARK AVENUE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02910	
Director Name DONNA J. LEVY		Director Name	
Street Address 829 PARK AVENUE		Street Address	
City CRANSTON	State RI	City	State
Zip 02910		Zip	
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES	
		C. ASS/SFRIES	
		600	COMMON
			NONE
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. <i>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.</i>			
Name of Authorized Representative STEVEN H. LEVY		Date 3/17/24	
Signature of Authorized Representative 			

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

MAR 22 2024
BY ml 30902