



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

APR 10 2024

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

BY 1838
DS

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 813990		6. Brief description of the character of business conducted in Rhode Island Business machine company.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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		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		CLASS/SERIES	PAR VALUE
		100			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 Michael A. DiMascolo					Date 3/21/24
Signature of Authorized Representative <i>Michael A DiMascolo</i>					

MAIL TO:
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