



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

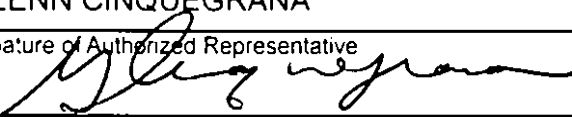
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAY 17 2024
BY LL4653

1. Entity ID Number 127032		2. Exact name of the Corporation PHOENIX CONVERTING CORPOATION			
3. Principal Office Address 402 WALCOTT ST			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE SERVICES FOR GUILLOTINE CUTTING, RE-CUTTING AND OTHERWISE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GLENN CINQUEGRANA			Vice-President Name DAVID ANDRADE		
Street Address 402 WALCOTT ST			Street Address 402 WALCOTT ST		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name DAVID ANDRADE			Treasurer Name GLENN CINQUEGRANA		
Street Address 402 WALCOTT ST			Street Address 402 WALCOTT ST		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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		
			C. ASS/SERIALS		
			COMMON		NO PAR
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 GLENN CINQUEGRANA				Date 05/13/24	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov