



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2025  
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

APR 14 2025

BY

7019

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name John Crugnale, Jr.			Director Name Rossano Crugnale		
Street Address 83 Oak Street			Street Address 4 Sunset Drive		
City Norton	State MA	Zip 02766	City Sharon	State MA	Zip 02067
Director Name Carmine Crugnale			Director Name None		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	
		275,000		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. <b>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.</b>					
Name of Authorized Representative Rossano Crugnale				Date April 4, 2025	
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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

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