



State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAY 27 2025

BY

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REC'D R.I. 350
25 MAY 27 AM 11:19:35

1. Entity ID Number 127032		2. Exact name of the Corporation Phoenix Converting Corporation			
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 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 4000	CLASS/SERIALS Common	PAR VALUE 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 05/27/25
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