



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 787988		2. Exact name of the Corporation Green Building Solutions Inc.			
3. Principal office address 735 Allen Street			City Syracuse	State NY	Zip 13210
4. Business Phone No. 315-559-4278		5. State of Incorporation NY			
6. Brief description of the character of business conducted in Rhode Island Contracting Construction Work/ Inactive					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Brenda Nordenstam			Vice-President Name Al DeDominicis		
Street Address 735 Allen Street			Street Address 735 Allen Street		
City Syracuse	State NY	Zip 13210	City Syracuse	State NY	Zip 13210
Secretary Name none			Treasurer Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Brenda Nordenstam			Director Name Al DeDominicis		
Street Address 735 Allen Street			Street Address 735 Allen Street		
City Syracuse	State NY	Zip 13210	City Syracuse	State NY	Zip 13210
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common/none	without Par Value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 27 2013

BY 6214

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.

Brenda Nordenstam **03/22/2013**
 Signature of Authorized Representative Date

Brenda Nordenstam

Print or Type Name of Authorized Representative