



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 2014

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. 000529669		2. Exact name of the Corporation Global Industrial Services Inc.			
3. Principal office address 6800 Jericho Turnpike, Suite 102W		City Syosset	State NY	Zip 11791	
4. Business Phone No. (516) 802-4855		5. State of Incorporation NY			
6. Brief description of the character of business conducted in Rhode Island Janitorial Services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Scott Schwartz			Vice-President Name		
Street Address 23 Pleasant Lane			Street Address		
City Oyster Bay Cove	State NY	Zip 11771	City	State	Zip
Secretary Name Perry Fine			Treasurer Name Lonnie Fine		
Street Address 260 Dolphin Drive			Street Address 1304 Seawane Drive		
City Hewlett Neck	State NY	Zip 11598	City Hewlett Harbor	State NY	Zip 11557
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Scott Schwartz			Director Name Lonnie Fine		
Street Address 23 Pleasant Lane			Street Address 1304 Seawane Drive		
City Oyster Bay Cove	State NY	Zip 11771	City Hewlett Harbor	State NY	Zip 11557
Director Name Perry Fine			Director Name		
Street Address 260 Dolphin Drive			Street Address		
City Hewlett Neck	State NY	Zip 11598	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	CNP	0.00

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: **11-6 NY 12-14-17**

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAY 27 2015

BY **249661**

9:20

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.

Signature of Authorized Representative

Date

SCOTT SCHWARTZ PRESIDENT
Print or Type Name of Authorized Representative