



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
 Corporation

2018 FEB -1 PM 1:02

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>16041025</u>		2. Exact name of the Corporation <u>SAFETY BUILDING CLEANING CORP</u>				
3. Principal Office Address <u>5 WEST 3TH STREET</u>			City <u>NEW YORK</u>	State <u>NY</u>	Zip <u>10018</u>	
4. NAICS Code <u>561790</u>		6. Brief description of the character of business conducted in Rhode Island <u>GENERAL CLEANING</u>				
5. State of Incorporation <u>NEW YORK</u>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>JESE BERLAND</u>			Vice-President Name			
Street Address <u>2637 RACHEL ST.</u>			Street Address			
City <u>BELLMORE</u>	State <u>NY</u>	Zip <u>11710</u>	City	State	Zip	
Secretary Name <u>SAMUEL HERZFELD</u>			Treasurer Name <u>SAMUEL HERZFELD</u>			
Street Address <u>350 E. 79TH STREET</u>			Street Address <u>350 E. 79TH STREET</u>			
City <u>NEW YORK</u>	State <u>NY</u>	Zip <u>10075</u>	City <u>NEW YORK</u>	State <u>NY</u>	Zip <u>10075</u>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name			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		CLASS/SERIES	PAR VALUE	
		<u>100</u>			<u>0</u>	
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 <u>SAMUEL HERZFELD</u>					Date <u>1/24/18</u>	
Signature of Authorized Representative 						

SIGN DOCUMENT - **FILED**

FEB 01 2018

BY 323241

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov