



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 27 2023

4440

1. Entity ID Number 000012647		2. Exact name of the Corporation ELMDALE BUILDING SERVICE, INC.	
3. Principal Office Address 15 Lady Slipper Lane		City North Scituate	State RI
		Zip 02857	
4. NAICS Code 23-Construction	6. Brief description of the character of business conducted in Rhode Island construction and carpentry		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph Baldini		Vice-President Name Joseph Baldini	
Street Address 15 lady Slipper Lane		Street Address 15 Lady Slipper Lane	
City North Scituate	State RI	City North Scituate	State RI
Zip 02857		Zip 02857	
Secretary Name Joseph Baldini		Treasurer Name Joseph Baldini	
Street Address 15 Lady Slipper Lane		Street Address 15 Lady Slipper Lane	
City North Scituate	State RI	City North Scituate	State RI
Zip 02857		Zip 02857	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph Baldini		Director Name	
Street Address 15 Lady Slipper Lane		Street Address	
City North Scituate	State RI	City	State
Zip 02857		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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	
		CLASS/SERIES	
		PAR VALUE	
		none	
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 Joseph D. Baldini			Date 2/21/23
Signature of Authorized Representative <i>Joseph D. Baldini</i>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov