



State of Rhode Island  
 Department of State - Business Services Division

Annual Report for the year: 2023  
 Corporation

FEB 27 2023

4440

*[Handwritten initials]*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

|   |             |   |  |              |                 |
|---|-------------|---|--|--------------|-----------------|
| 1. Entity ID Number<br>000012647  |             | 2. Exact name of the Corporation<br>ELMDALE BUILDING SERVICE, INC.  |  |              |                 |
| 3. Principal Office Address<br>15 Lady Slipper Lane   |             |   | City<br>North Scituate                 | State<br>RI  | Zip<br>02857    |
| 4. NAICS Code<br>23-Construction  |             | 6. Brief description of the character of business conducted in Rhode Island<br>construction and carpentry             |  |              |                 |
| 5. State of Incorporation<br>RI   |             |   |  |              |                 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |  |              |                 |
| President Name<br>Joseph Baldini  |             |   | Vice-President Name<br>Joseph Baldini  |              |                 |
| Street Address<br>15 lady Slipper Lane  |             |   | Street Address<br>15 Lady Slipper Lane |              |                 |
| City<br>North Scituate  | State<br>RI | Zip<br>02857  | City<br>North Scituate                 | State<br>RI  | Zip<br>02857    |
| Secretary Name<br>Joseph Baldini  |             |   | Treasurer Name<br>Joseph Baldini       |              |                 |
| Street Address<br>15 Lady Slipper Lane  |             |   | Street Address<br>15 Lady Slipper Lane |              |                 |
| City<br>North Scituate  | State<br>RI | Zip<br>02857  | City<br>North Scituate                 | State<br>RI  | Zip<br>02857    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |  |              |                 |
| Director Name<br>Joseph Baldini   |             |   | Director Name                          |              |                 |
| Street Address<br>15 Lady Slipper Lane  |             |   | Street Address                         |              |                 |
| City<br>North Scituate  | State<br>RI | Zip<br>02857  | City                                   | State        | Zip             |
| Director Name   |             |   | Director Name                          |              |                 |
| Street Address  |             |   | Street Address                         |              |                 |
| City  | State       | Zip   | City                                   | State        | Zip             |
| 9. Shares Authorized  |             | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |  |              |                 |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |             | NUMBER OF SHARES  |  | CLASS/SERIES |                 |
|   |             | none  |  |              |                 |
|   |             |   |  | PAR VALUE    |                 |
|   |             |   |  |              |                 |
| 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. |             |   |  |              |                 |
| <b>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.</b>                                       |             |   |  |              |                 |
| Name of Authorized Representative<br>Joseph D. Baldini  |             |   |  |              | Date<br>2/21/23 |
| Signature of Authorized Representative<br><i>Joseph D Baldini</i>   |             |   |  |              |                 |

MAIL TO:  
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