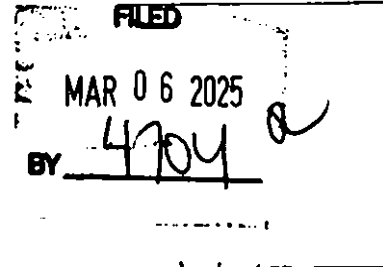




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

- 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 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. NA CS Code 236118		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"/>										
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 30%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> <tr> <td>None</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	None					
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 March 6, 2024										
Signature of Authorized Representative 												

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