

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Street

Providence, RI 02903-1335 401.222.3040

4	1 .	2. Name of Corporation						
134323		CORPORATE BUILDING SERVICES, INC.						
Sirger Address Principal His	11. 11	ack Rd	(Dappinger	SHILLY	12540			
1. Bysiness Phone No. 46	3 5858	5. State of Incorporation NEW YORK		/	6. SIC Code			
7. Brief Description of the Cha COMMERCIAL BU	iracter of Business Conducti IILDING MAINTENANC	ed in Rhode Island						
/)	esses of the offic	ERS: ("X" BOX FOR AT		SPACES BEFORE USI	NG ATTACHMENTS			
Infolderli Name	ie Losi	udice	HOTHOM WEINDICE					
Singing radings	Place Bi	BE	Surger Address Jesterson Blud					
Newburg	L Siale DY	"4550	Treasurer Name	state p y	<i>"]</i> 2524			
Street Address			Street Address	Street Address				
City:	State	Ζφ	City:	State	Ζφ			
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name 1. A Sirect Address			Director Name Street Address					
\mathcal{D} .	<u> 4</u> .	·	Street Address		- 11111			
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Sirect Address City	State State	Ζφ	City Director Name Street Address City 11. SHARES ISSUED	State	Zip			
Sirect Address City Director Name Sirect Address City LO. SHARES AUTHORIZADITHORIZED SHARES	State State State ZED ("X" BOX FOR Class/Series	Zip ATTACHMENT)	City Director Name Street Address City: 11. SHARES ISSUED ISSUED SHARES	State ("X" BOX FOR ATTAC	Zip :			

File Date 1918/00 APR 1 4 2005 Check No. FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all

Form 630 Rev. 12/03



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BL				_				
1. Comparate ID No.	2. Name of Corporation	PATE BUI	LDING SEF	VICES, IN	٥			
3. Street Address Principal Busine	workersa	ict LD	Wassingers Falls	State State	12590			
8 45 463	5858	5. State of theorporation New	YORK		1542			
7. Brief Description of the Charac	. 40 /		+ Repair.					
LAMES AND ADDRESSES OF THE OFFICERS CY BOX FOR STACHMENT DELL IN SPACES BEFORE USING ATTACHMENTS								
Prestation Name Noe Prestation Name Note Prestation Name LOSEMATIE LOSINDICE TATHONY LUBIUDICE.								
Street Address Park Place B3E Street Address PO BOX 739.								
Secretary Name State My 12550 WAPPINGERS ASSTATE D. 4 12590								
Street Address			* Street Address					
City	State	Zip	*City	State	Zip			
I NAMES AND ADDRESS	S OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENTIL FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS			
Director Name	•		Director Name					
Street Address	·		Street Address					
City	State	Zip	•City	State	Zip			
Director Name	J	1	Director Name	. 1				
Street Address			·Street Address					
City	State	Zip	Cliy	State	ZLp			
TA SHARES AUTHORIZE	TT BOX FOR ATTA	H. SHARES ISSUED CX" BO	A FOR AFTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
200	Common	p.4V.	- O -	Common	DPV			
This report must be stoned	in ink by either th	e President. Vice Pre	sident, Secretary, Assistant	Secretary, Treasurer.	Receiver or Trustee			
- Indireport man or migrat	, and a second control of the second control	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,					
·			Under penalty of perjury,	I declare and affirm that I	nave examined			
	· ·		this report, including any and that all statements co	ecompanymy credities to	correct.			
File Date	04		milien	P To Fer	die			
Check No. 694	7		Signature of Officer Date HNTHOM KOGIKDICE					
By: 0A			Print or Type Name of Officer					
FOR SECRETARY OF STATE U	SE ONLY		Tule of Officer		Form 630 12/01			