



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 134323		2. Name of Corporation CORPORATE BUILDING SERVICES, INC.			
3. Street Address Principal Business Office 263 New Hackensack Rd		City Wappingers Falls		State NY	Zip 12590
4. Business Phone No. 845 463 5858		5. State of Incorporation NEW YORK		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL BUILDING MAINTENANCE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rosemarie Losiudice			Vice President Name Anthony Losiudice		
Street Address 2 Park Place B3 E			Street Address 411 Jefferson Blvd		
City Newburgh	State NY	Zip 12550	City Fishkill	State NY	Zip 12524
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N.A.			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200	\$1.00 PAR VALUE		200		1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



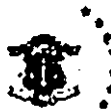
FILED

File Date APR 14 2005
Check No. 103-0008161
By

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer
Anthony Losiudice
Date 2/11/05
Print or Type Name of Officer
Vice President
Title of Officer



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AND PROVIDENCE PLANTATIONS
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>134323</u>		2. Name of Corporation <u>CORPORATE BUILDING SERVICES, INC.</u>			
3. Street Address Principal Business Office <u>263 New Hockensack Rd</u>		City <u>Wappingers Falls</u>	State <u>NY</u>	Zip <u>12590</u>	
4. Business Phone No. <u>845 463 5858</u>		5. State of Incorporation <u>New York</u>		6. SIC Code <u>1542</u>	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>BUILDING Maintenance & Repair.</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Rosemarie Lobiodice</u>			Vice President Name <u>Anthony Lobiodice</u>		
Street Address <u>2 Park Place B3E</u>			Street Address <u>PO Box 739</u>		
City <u>Newburgh</u>	State <u>NY</u>	Zip <u>12550</u>	City <u>Wappingers Falls</u>	State <u>P.Y.</u>	Zip <u>12590</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>N/A</u>			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
10. SHARES AUTHORIZED (X" BOX FOR ATTACHMENT) ☒ 11. SHARES ISSUED (X" BOX FOR ATTACHMENT) ☒					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>200</u>	<u>Common</u>	<u>P.PV.</u>	<u>200</u>	<u>Common</u>	<u>P.PV.</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date 11/1/04
Check No. 6947
By: DA
FOR SECRETARY OF STATE USE ONLY

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.

Anthony Lobiodice
Signature of Officer Date
ANTHONY LOBIODICE
Print or Type Name of Officer
Vice Pres.
Title of Officer