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. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 134323 | CORPORATE BUILDING SERVICES, INC. | | | |
| 3. Street Address Principal Business Office: 263 New Hackensack Rd | City: Wappingers Fl | 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 | Vice President Name |
|---|---|
| Rosemarie LoGiudice | Anthony LoGiudice |
| 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 | Director Name |
|---|---|
| N.A. | |
| 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

[redacted] [redacted]

**FILED**
*File Date* APR 14 2005
*Check No.* CB-0008161
*By:* CB
*By:*
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* — *Date* 2/11/05

Anthony LoGiudice
*Print or Type Name of Officer*

Vice President
*Title of Officer*

Form 630 Rev. 12/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
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*100 North Main Street, Providence, RI 02903-1335*
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# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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| 1. Corporate ID No. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 134323 | CORPORATE BUILDING SERVICES, INC. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 263 New Hackensack Rd | | Wappingers Falls | NY. | 12590 |
| 4. Business Phone No. | 5. State of Incorporation | | | 6. SIC Code |
| 845 463 5858 | New York | | | 1542 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island | | | | |
| Building Maintenance & Repair. | | | | |

**8. NAMES AND ADDRESSES OF THE OFFICERS** ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| | | | | | |
|---|---|---|---|---|---|
| President Name | Rosemarie LoGiudice. | | Vice President Name | Anthony LoGiudice. | |
| Street Address | 2 Park Place B3E | | Street Address | PO Box 739. | |
| City | Newburgh | State NY. Zip 12550 | City | Wappingers Fls | State N.Y. Zip 12590. |
| 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 | Common | N.PV. | [redacted] | Common | N PV |
| | | | | | |

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

[redacted] [redacted]

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 LoGiudice
*Signature of Officer* *Date*

ANTHONY LOGIUDICE
*Print or Type Name of Officer*

[redacted] Vice Pres.
*Title of Officer*

| | |
|---|---|
| File Date | 11/1/04 |
| Check No. | 6947 |
| By: | DA |

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01