



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

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

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| | | | | | |
|--|-----------------|---|--|---------------------------|---------------------|
| 1. Entity ID Number 134323 | | 2. Exact name of the Corporation Corporate Building Services, Inc. | | | |
| 3. Principal Office Address 2022 Route 22, Suite 105 | | | City Brewster | State NY | Zip 10509 |
| 4. NAICS Code 236220 | | 6. Brief description of the character of business conducted in Rhode Island Commercial general repairs and maintenance services | | | |
| 5. State of Incorporation New York | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Anthony Logiudice | | | Vice-President Name Anthony Logiudice | | |
| Street Address 2022 Route 22, Suite 105 | | | Street Address 2022 Route 22, Suite 105 | | |
| City Brewster | State NY | Zip 10509 | City Brewster | State NY | Zip 10509 |
| Secretary Name Anthony Logiudice | | | Treasurer Name Anthony Logiudice | | |
| Street Address 2022 Route 22, Suite 105 | | | Street Address 2022 Route 22, Suite 105 | | |
| City Brewster | State NY | Zip 10509 | City Brewster | State NY | Zip 10509 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | 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 |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | 200 | | No 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. 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 Anthony Logiudice | | | | Date 04/17/2025 | |
| 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

FILED
APR 22 2025
BY **P34111**
AA. Q: 38pm