



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: **2022**

Corporation \_\_\_\_\_

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

REC'D RIDOS BSD  
25 APR 22 PM 2:23:04

1. Entity ID Number <b>134323</b>		2. Exact name of the Corporation <b>Corporate Building Services, Inc.</b>			
3. Principal Office Address <b>2022 Route 22, Suite 105</b>			City <b>Brewster</b>	State <b>NY</b>	Zip <b>10509</b>
4. NAICS Code <b>236220</b>		6. Brief description of the character of business conducted in Rhode Island <b>Commercial general repairs and maintenance services</b>			
5. State of Incorporation <b>New York</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Anthony Logiudice</b>			Vice-President Name <b>Anthony Logiudice</b>		
Street Address <b>2022 Route 22, Suite 105</b>			Street Address <b>2022 Route 22, Suite 105</b>		
City <b>Brewster</b>	State <b>NY</b>	Zip <b>10509</b>	City <b>Brewster</b>	State <b>NY</b>	Zip <b>10509</b>
Secretary Name <b>Anthony Logiudice</b>			Treasurer Name <b>Anthony Logiudice</b>		
Street Address <b>2022 Route 22, Suite 105</b>			Street Address <b>2022 Route 22, Suite 105</b>		
City <b>Brewster</b>	State <b>NY</b>	Zip <b>10509</b>	City <b>Brewster</b>	State <b>NY</b>	Zip <b>10509</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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. <b>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.</b>					
Name of Authorized Representative <b>Anthony Logiudice</b>				FILED	Date <b>04/17/2025</b>
Signature of Authorized Representative 				APR 22 2025 BY AA. 2:37pm	

MAIL TO:  
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