



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

Annual Report for the year: **2012**

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
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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		PAR VALUE
					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 					

FILED

APR 22 2025
BY **P39nn**

AA
2:27pm
FORM 630- Revised: 12/2023

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov