

State of Rhode Island and Providence Plantations

Office of the Secretary of State

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20

	Providence,	RI 02904-2615
08		401.222.3040

*In accordance with R.I.G.L. 7 law (R.I.G.L. 7-1.2-1501(c&d))	**************************************	H TAILING OF TH	REPORT	MUST BE TYPER e its annual report u	O OR PRINTED vithin thirty (30) de	LEGIBLY IN BI	ACK INK rescribed by
1. Corporate ID No.	2 Name of Convention				····		······································

(may see of 422.00		within thirty (30) days afte	r the time prescribed by		
1. Corporate ID No. 2. Name of Corp. 44322 5u.f.	ARDIAN PEST	CONTROL =	Inc.			
13. Street Adjusts Principal Business Office AVEN	14É	E. PROVIDEN	CE State RI	02916		
4. Business Phone No. 434 - 7418	5. State of Incorporation	E IS/AND)			
6. Brief Description of the Character of Business Conduct	ed in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICE President Asyme		ACHMENT) FILL IN	SPACES BEFORE USING A	ATTACHMENTS		
DAVID E. MARTI		Vice President Name				
Street Address 9 CARRIE AVE	ENUE	Street Address				
E. PROVIDENCE SIGN RI	02916	Gly	State	Zip		
FRENE MARTIN		Treasurer Name JOSEPH P. MARTIN Street Address 358 JUNIPER ST.				
Street Address 9 CARRIE AVENU		Street Address 358 J	UNIPER ST	•		
E. PROVIDENCE STATE RI	2402914	E. PRWIDENG		202914		
Director Name DAVID E. MAR		TACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS		
Street Address 9 CARRIE AVE	NUE	Street Address				
E. PRNIDENCE SLUNERI	Zip 02916	City	State	Zip		
Director Name	*****************************	Director Name	***************************************			
Street Address		Street Address				
City State	Zip	Chy	State	Zip		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value		
100 No PAR VARUE		100	COMMON	NONE		
This report must be executed on behalf of the chair report must be executed on behalf of the c	corporation by an authorize orporation by the receiver	ed representative. If the co or trustee.	rporation is in the hands o	f a receiver or trustee,		
		Under penalty of per	jury, I declare and affirm that	I have examined this report		
FILED	7	including any accom	panying schedules and staten	nents, and that all statements		
File Date		Signature L	/cik	1/1/08		
Check No	-	- JUSSON	P. MARTIN	Date		
By:	-	Print or Type Name	P. MARTIN SURER	***************************************		
FOR SECRETARY OF STATE USE ONLY		Title	JUKE /U			