



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 91817		2. Exact name of the Corporation Quality Pest Control, Inc	
3. Principal office address PO Box 705/ 34 Albatross Dr		City Saunderstown	State Ri
		Zip 02874	
4. Business Phone No. 401 295-0010		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Operating a Pest Control and Preventive Maintenance Business			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name James Hoard		Vice-President Name Lauren Hoard	
Street Address 34 Albatross Drive		Street Address 34 Albatross Drive	
City Saunderstown	State Ri	City Saunderstown	State Ri
Zip 02874		Zip 02874	
Secretary Name James Hoard		Treasurer Name Lauren Hoard	
Street Address 34 Albatross Drive		Street Address 34 Albatross Drive	
City Saunderstown	State Ri	City Saunderstown	State Ri
Zip 02874		Zip 02874	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		NONE	
			PAR VALUE

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.

FILED

File Date **FEB 29 2012**

Check No. **5410**

By: **Lauren J. Hoard**

FOR SECRETARY OF STATE USE ONLY

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.

Lauren J. Hoard **2/29/12**

Signature of Authorized Representative

Date

Lauren J. Hoard
 Print or Type Name of Authorized Representative