



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** 2013

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. <u>84766</u>		2. Exact name of the Corporation <u>Interstate Pest Control Inc.</u>			
3. Principal office address <u>512 Commonwealth Ave.</u>			City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
4. Business Phone No. <u>(401) 884-2922</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>To sell and apply pest control products</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>John L Russell</u>			Vice-President Name <u>Bruce C. Geary</u>		
Street Address <u>512 Commonwealth Ave</u>			Street Address <u>178 Cowesett Ave</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>
Secretary Name <u>John L Russell</u>			Treasurer Name <u>Bruce C. Geary</u>		
Street Address <u>512 Commonwealth Ave</u>			Street Address <u>178 Cowesett Ave</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("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. <u>1,000 No par value</u>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100 Shares No par value</u>		

DEPARTMENT OF STATE  
 CORPORATIONS DIV  
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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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
 MAR 25 2013  
 CW 193523

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 hereon are true and correct.

John Russell 3/25/13  
 Signature of Authorized Representative Date  
John Russell  
 Print or Type Name of Authorized Representative