



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 2016

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. 162431		2. Exact name of the Corporation A BUGMAN OF Ability INC		
3. Principal office address 51 SPARROW LANE		City WARWICK	State RI	Zip 02889
4. Business Phone No. 401-339-8383		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island PEST CONTROL SERVICES				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name THOMAS V. ANIELLO		Vice-President Name NONE		
Street Address 51 SPARROW LANE		Street Address		
City WARWICK	State RI	Zip 02889	City	State Zip
Secretary Name NONE		Treasurer Name NONE		
Street Address		Street Address		
City	State	Zip	City	State Zip
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	Zip	City	State Zip
Director Name NONE		Director Name NONE		
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	STK	.01

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

FEB 22 2016

RV 1649

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.

THOMAS V. ANIELLO - PRES **2-19-16**
Signature of Authorized Representative Date

THOMAS V. ANIELLO - PRESIDENT
Print or Type Name of Authorized Representative