



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. 91817		2. Exact name of the Corporation Quality Pest Control, Inc					
3. Principal office address PO Box 705, 34 Albatross Drive			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 Operation of a Pest Control and Preventive Maintenance Business							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name James M. Hoard			Vice-President Name Lauren J. Hoard				
Street Address 34 Albatross Drive			Street Address 34 Albatross Drive				
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874		
Secretary Name James M. Hoard			Treasurer Name Lauren J. Hoard				
Street Address 34 Albatross Drive			Street Address 34 Albatross Drive				
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	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	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		
			None				

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 29 2016

by H L 5734

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 02/26/2016
 Signature of Authorized Representative Date
Lauren J. Hoard
 Print or Type Name of Authorized Representative