



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2016

2016 MAY -5 PM 3: 22

Filing period: January 1 - March 1

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

1. Entity ID Number: 000144185 2. Exact name of the Corporation: RIOAII EXTERMINATING CORPORATION

3. Principal Office Address: 203 CONCORD ST SUITE 311 City: PROVIDENCE State: RI Zip: 02866

4. Business Phone Number: 401-274-7070 5. State of Incorporation: RI

6. Brief description of the character of business conducted in Rhode Island: PEST CONTROL FUMIGATION PEST EXTERMINATION TERMITE CONTROL

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>Anthony E. Tadini</u>	Vice-President Name <u>SAME</u>
Street Address <u>118 Cedar St</u>	Street Address
City <u>Providence</u> State <u>MASS</u> Zip <u>02769</u>	City State Zip

Secretary Name <u>SAME</u>	Treasurer Name <u>SAME</u>
Street Address	Street Address
City State Zip	City State Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name <u>SAME</u>	Director Name <u>SAME</u>
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized 10. Shares Issued Check box to indicate an attachment

This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<u>500</u>	<u>CNP</u>	<u>1.00</u>

11. 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.

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.

Name of Authorized Representative: Anthony Tadini Date: 5-5-16

Signature of Authorized Representative: [Signature] SIGN DOCUMENT HERE

FILED

MAY 05 2016

BY AK 273695