s s	tate of Rhode Island and F Office of the Secre	
HODE	Division Of Busin 148 W. River Providence RI 02 (401) 222-	r Street 2904-2615
	· · · ·	
Limited Liability Com Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability co n thirty (30) days after the time pre penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2016</u>	
1. ID No. <u>000545296</u>	2	
2. Exact Name of the Li	mited Liability Company <u>Allsta</u>	te Pest Control LLC
3. State of Formation		
State: <u>RI</u>		
	ARTICLE II	I
Using the following NAICS	codes, please select the code that	at best describes vour business.
NAICS Code	·····, p·····	
NAICS Code		<u>6</u> <u>81</u>
4. Brief Description of th	e Character of the Business Wh	ich is Actually Conducted in Rhode Island
PEST CONTROL SERV	/ICES	
5. Principal Office Addre	SS	
No. and Street: 66 NO	RTH PALM BOULEVARD	
City or Town: WARV	VICK	State: <u>RI</u> Zip: <u>02888</u> Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Na	me or Title of Contact Person:
	RTH PALM BOULEVARD	
City or Town: WARW	<u>/ICK</u>	State: <u>RI</u> Zip: <u>02888</u> Country: <u>USA</u>
	Fach Manager of the Limited L	iability Company, if Applicable.
7. Name and Address of DO NOT LIST MEMBER		
		Address

RUZANNA DAVTIAN 66 NORTH PALM BOULEVARD WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of April, 2017 at 11:02:12 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By **RUZANNA DAVTIAN**

Signature of Authorized Person

Form No. 632 Revised 09/07

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