



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

**Annual Report for the year: 2017**  
**Corporation**

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

|   |   |  |   |                    |                        |
|---|---|--|---|--------------------|------------------------|
| 1. Entity ID Number<br><b>706322</b>  |   | 2. Exact name of the Corporation<br><b>A-VETERANS PEST CONTROL CO., INC.</b> |   |                    |                        |
| 3. Principal Office Address<br><b>605 Putnam Pike</b>   |   |  | City<br><b>Greenville</b>   | State<br><b>RI</b> | Zip<br><b>02828</b>    |
| 4. NAICS Code<br><b>115112</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>pest control and all business related thereto</b> |  |   |                    |                        |
| 5. State of Incorporation<br><b>Rhode Island</b>  |   |  |   |                    |                        |
| 7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |  |   |                    |                        |
| President Name<br><b>Bruce Beaumier</b>   |   |  | Vice-President Name<br><b>none</b>  |                    |                        |
| Street Address<br><b>605 Putnam Pike</b>  |   |  | Street Address  |                    |                        |
| City<br><b>Greenville</b>   | State<br><b>RI</b>  | Zip<br><b>02828</b>  | City  | State              | Zip                    |
| Secretary Name<br><b>Bruce Beaumier</b>   |   |  | Treasurer Name<br><b>Bruce Beaumier</b>   |                    |                        |
| Street Address<br><b>605 Putnam Pike</b>  |   |  | Street Address<br><b>605 Putnam Pike</b>  |                    |                        |
| City<br><b>Greenville</b>   | State<br><b>RI</b>  | Zip<br><b>02828</b>  | City<br><b>Greenville</b>   | State<br><b>RI</b> | Zip<br><b>02828</b>    |
| 8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |  |   |                    |                        |
| Director Name<br><b>none</b>  |   |  | 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<br>This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |   |  | 10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                        |
|   |   |  | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE              |
|   |   |  | <b>100</b>  | <b>common</b>      | <b>0.01</b>            |
|   |   |  |   |                    |                        |
| 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. |   |  |   |                    |                        |
| <b>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.</b>                                       |   |  |   |                    |                        |
| Name of Authorized Representative<br><b>Bruce Beaumier, President</b>   |   |  |   |                    | Date<br><b>9/15/17</b> |
| Signature of Authorized Representative  |   |  |   |                    |                        |

SIGN DOCUMENT HERE

**FILED**

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

SEP 18 2017

By 14216  
KLM