RI SOS Filing Number: 201752100040 Date: 10/23/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1 Entity ID Number 650884 | 2. Exact name of the Limited Liability Company WALTHAM SERVICES, LLC | | | | | |
|--|--|-----|---------------------------|----------|---------------------------------|--|
| 3 NAICS Code | 4 Brief description of the character of business conducted in Rhode Island | | | | | |
| 561710 | PEST CONTROL SERVICES | | | | | |
| 5. State of Formation DE | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 2170 PIEDMONT ROAD NE | | | ATLANTA | GA | 30324 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name SHANNON COLE | | | Contact Title TAX MANAGER | | | |
| Street Address 2170 PIEDMONT ROAD NE | | | City ATLANTA | State GA | ^{Z_{ip}} 30324 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| Crty | State | Zıp | City | State | Zip | |
| Check the box to indicate an attachment | | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | | |
| 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 Person | | | | Date | Date | |
| P. EDWARD NORTHEN | | | | 10/2/20 | 10/2/2017 | |
| Signature of Authorized Person A HGN DOCUMENT HERE | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street. Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

OCT 2 3 2017

BY 116742260

FORM 632 - Revised: 08/2017

1. 1.