

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.

RECEIVED STATE SECRETARY COS STATE CORPORATIONS DIV
Zip 91502
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ndicate an attachment

1. Entity ID Number 69 7839	2. Exact name of the Corporation Frasco, Inc.						
3. Principal Office Address			City		State	Zip	
215 W. Alameda Ave.			Burbank		CA	91502	
4. NAICS Code	6. Brief descr	iption of the charact	er of business o	onducted in Rhode Isla	and		
561611	Provide investigative services and pre-employment background services.						
5. State of Incorporation	_						
CA							
7. List ALL officers (names and a	ddresses)			Check th	e box to ir	dicate an attachment	
President Name Jason Simmers			Vice-President Name Jeffrey McMahan				
Street Address 215 W. Alameda Ave.			Street Address 215 W. Alameda Ave.				
City Burbank	State CA	^{Zip} 91502	1		State CA	^{Zip} 91502	
Secretary Name Mary Elterman			Treasurer Name Laura Pfaffman				
Street Address 215 W. Alameda Ave.			Street Address 215 W. Alameda Ave.				
City Burbank	State CA	^{Zip} 91502	City Burbank		State CA	^{Zip} 91502	
8. List ALL directors (names and	addresses)			Check th	ne box to ir	ndicate an attachment	
Director Name Jason Simmers			Director Name John C. Simmers				
Street Address 215 W. Alameda Ave.			Street Address 215 W. Alameda Ave.				
City Burbank	State CA	^{Z:p} 91502	City Burbank		State CA	Zip 91502	
Director Name Coleen Simmers			Director Name Matthew Simmers				
Street Address 215 W. Alameda Ave.			Street Address 215 W. Alameda Ave.				
City Burbank	State CA	^{Zip} 91502	City Burbani	k	State CA	Zip 91502	
9. Shares Authorized					heck the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
, ,		1749		Common		1.00	
Changes require an additional filin	g.						
11. This report must be executed trustee, this report must be execu		•	,	•	ation is in t	he hands of a receiver	ror
Under penalty of perjury, I deci					anying so	hedules and	
statements, and that all statements contained herein are true and correct.							
Mary Elterman	me of Authorized Representative Iry Elterman FILED					Date 2-26-18	
Signature of Authorized Representative MARSI 0:12 D2018 MENT HERE Many Charman							
1/1 200							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 74 30573) 11:29