

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, RI 02903-1335 -101.222.3010

2005

PROFIT CORPOR  Filing Period: January 1 - M.  (FORM MUST BE TYPED OR PRIN	arch 1 • Fille	NUAL REPOR 19 Fee: \$50.00	RT FOR THE YEAR	200	)5		
1. Corporate ID No	2. Name of Corporation	<u> </u>			<del></del>		
91817	Quality Pest Co	ontrol, Inc.	<del> , </del>				
i. Since Address Principal Business G 34 Albatros			Saunderstown	RI	7.ip 02874		
1 Business Phone No. (401) 295-0010  State of Incorporation RHODE ISLAND					6. SIG Code 7880		
7. Brief Description of the Character of OPERATING A PEST CO		Rhode Island	<del></del>	<del>.</del>			
8. NAMES AND ADDRESSES	OF THE OFFICERS	i: ("X" BOX FOR AT	TACHMENT) [ FILL IN SP.	ACES BEFORE USIN	RG ATTACHMENTS		
President Name			Vice President Name				
James M. Ho	ard		Lauren J. Ho	ard			
Siner Addres 34 Albatros	s Drive	-	Simer Address 34 Albatross	Drive			
Saunderstown	State R I	<sup>XIP</sup> 02874	Saunderstown	State RI	<sup>2.tp</sup> 02874		
James M. Ho	ard	•••••	Tensurer Nume Lauren J. Ho	ard			
Singl Address			Street Address	<del></del>			
34 Albatros	s Drive		34 Albatross	Drive			
Saunderstown	State RI	<sup>Zip</sup> 02874	Saunderstown	State R I	02874		
9. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR	ATTACHMENT) 🔲 FILL IN S	SPACES BEFORE US	ING ATTACHMENTS		
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	Chy	State	Zip		
Director Name None	. <b></b>	J	Director Nume None				
Street Address			Street Address				
Gity	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR AT	 TACHMENT)	11. SHARES ISSUED ("A	 C BOX FOR ATTAC	HMENT)		
Number of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 NO PAR VALUE			None				
This report must be	signed in ink by cit	her the President, Vic	e President. Secretary. Assistant	Secretary, Treasure	r. Receiver or Trustee		
			Linder penalty of period	ry. I declare and affice	that I have examined this		
FIL	<b>2</b> 17	7	including any accompa contained herein are tr	inying schedules and si ue and correct.	alternents, and that all state		
File Date		+	Signailly of Officer	ry ma	Date		
Check No. MAR 0	1 (00)	Ψ	Lauren J.				
By:	# <i>D</i>		Print or Type Name of C Vice Presi	officer dent/Treasu	irer		



FOR SECRETARY OF STATE USE ONLY

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPOR			T FOR THE YEAR	200	4
FORM MUST BE TYPED OR PRIN	=-	ree. 330.00			
Corporate ID No.	2. Name of Corporation				
91817	Quality Pest Co	ontrol, Inc.	·- <del></del>	Terri	7.5
3 Sirvet Address Principal Business Of 34 Albatross Dr	==		Saunderstown	State RI	02874
1. Business Phone No. (401) 295-0010		5. State of Incorporation  RHODE ISLAN			6. SIC Code 7880
7 Brief Description of the Character OPERATING A PEST C			ANCEBUSINESS.		
B. NAMES AND ADDRESSES				ACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
James M. Hoard			Lauren J. Hoar	<u> </u>	·
Sirect Address 34 Albatross Dr	ive		Street Address 34 Albatross D	rive	
City	State	Zip	City	State	Zip
Saunderstown	RI	02874	Saunderstown	RI	02874
Secretary Name			Treasurer Name	٠	
James M. Hoard		<u>.</u>	Lauren J. Hoar	<u>a</u>	
Sinci Addres 34 Albatross Dr	1ve		Sircei Address 34 Albatross D	rive	
	T	7/0	<del></del>	····	210
City Saunderstown	State RI	<sup>Ζίρ</sup> 02874	City Saunderstown	State RI	<sup>гір</sup> 02874
9. NAMES AND ADDRESSES		1	<u> </u>	SPACES BEFORE USI	NG ATTACHMENTS
Director Name		( 20/1-01/11	Director Name		
None			None		
Street Address			Street Address		
			<u></u>	<del></del>	
City	State	Zip	Gity	State	Zip
Director Name	.J	. J	Director Name		
None			None		
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	in 11. SHARES ISSUED (")	X" BOX FOR ATTACH	IMENT)
Number of Shares	Class/Senes	Par Value	Number of Shares	Class/Series	Par Value
		-			
1,000 NO PAR VALUE			None		
This report must be	signed in ink by cith	er the President, Vice	President, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee
(		••			
			Under penalty of perju	iry, I declare and affirm t	hat I have examined this rep
	<u>01.8 1 7 +</u>	•· ·¬	including any accomp	anying schedules and sta	tements, and that all statem
FIL	ED		contained herein are to	rue and correct.	alantail
File Date			Lauen	+ 1707UV	424104
MAR 0 1	2004	}	Signature of Officer		Date
Check No.			Lauren J. Ho	ard	

Print or Type Name of Officer

Title of Officer

Vice President/Treasurer

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRIN		_			
. Carporate ID No.	2. Name of Corp				
91817	Quality Po	est Control, Inc.			
i. Street Address Principal Business 34 Albatross			<sup>cuy</sup> Saunderstown	State R I	гір 02874
1. Business Phone No. (401) 295-001	.0	5. State of Incorporation RHODE ISLAND			6. SIC Code <b>7880</b>
Risef Description of the Characte Pest control					
B. NAMES AND ADDRES Cresident Name ames M. Hoard	SSES OF THE O	FFICERS (*x* BOX FOR ATTAC	HMENT) FILL IN SPACES BE Vice President Name Lauren J. Hoai		ACHMENTS
greet Address 4 Albatross Dr	· .		Street Address 34 Albatross I	Or.	
aunderstown	State RI	02874	cw Saunderstown	State RI	zıp 02874
<sup>Jeccetary Name</sup> James M. Hoard	l		Treasurer Name Lauren J. Hoan	rd	
Street Address			Street Address		
34 Albatross D Saunderstown	or. <sup>Sinte</sup> RI	<sup>zip</sup> 02874	34 Albatross I Saunderstown	Or. State RI	zip 02874
9. NAMES AND ADDRE: Director Name None	SSES OF THE D	IRECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES I Director Name None	BEFORE USING AT	TACHMENTS
Street Address			Street Address		

City City State

None None Street Address Street Address

ZIp Zip City State City State

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES

Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

Director Name

None 1,000 NO PAR VALUE

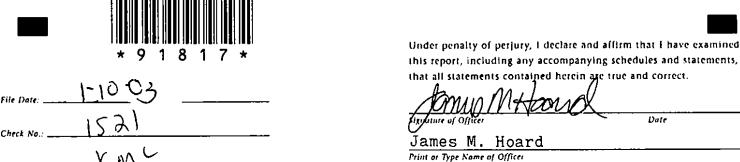
Director Name

FOR SECRETARY OF STATE USE ONLY

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

**4**℃ 5



this report, including any accompanying schedules and statements, and that all statements contained herein age true and correct. Date

State

Print or Type Name of Officer President/Secretary

Ferri 630 12/02

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

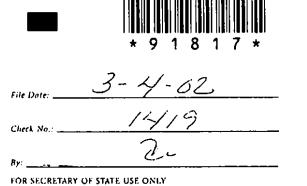
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filing Period: January 1-March 1 • Filing Fee: \$50.00 2002

401-222-3040

91817	Quality Pest Cont	trol, Inc.			
3. Street Address Principal Business Off 34 Albatross			Saunderstown	State RI	<sup>z19</sup> 02874
4. Rusiness Phone No. 401-295-0010		5. State of incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Extermination					
8. NAMES AND ADDRESSE President Name James M. Hoar		S (*X* BOX FOR ATTACHM	fent) FILL IN SPACES BEF  Vice President Name  Lauren J. Hoa	ore using attachme rd	NTS
Street Address 34 Albatross	Drive		34 Albatross	Drive	
Saunderstown	State RI	02874	Saunderstown	State RI	<sup>zip</sup> 02874
Secretary Name James M. Hoai	rd		Lauren J. Hoa	rd	
Street Address 34 Albatross	Drive		Street Address 34 Albatross	Drive	
Saunderstown	State RI	02874	Saunderstown	State RI	02874
9. NAMES AND ADDRESSE Director Name None	S OF THE DIRECTO	DRS ("x" box for attac	HMENT) FILL IN SPACES B Director Name	EFORE USING ATTACHN	1ENTS
Street Address		•	Street Address		
City	State	Zip	Спу	State	Zip
Director Name			Director Name		
Street Address	· · ·	<del></del>	-Street Address -		·
Сиу	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHM	ENT)	11. SHARES ISSUED ("X" E	OX FOR ATTACHMENT)	
Number of Shares 1,000 NO PAR VALUE	Glass/Series	Par Value	Number of Shares None	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



this report, including any accompanying school that all statements contained herein are Aque	
Killer J Hoal	3/25/02
Signature of Vificer	Date
Lauren J. Hoard	
Print or Type Name of Officer	
Vice President	
Title of Officer	

Under penalty of perjury, I declare and affirm that I have examined



Form 630 12/01

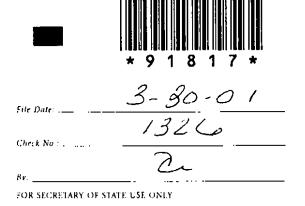


# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLAC	K)					
1. Corporate ID No. 91817	2. Name of Corporation Quality Pes	t Control, Inc.	,			
3. Street Address Principal Business O 34 Albatross D			cuy Saunderstown	State	RI	<sup>Zip</sup> 02874
4 Business Phone No. 401-295-0010		5. State of Incorporation RHODE ISLAND				<sup>6. SIC</sup> 7880
7. Buet Description of the Character of Extermination	of Business Conducted in Rho of Insect Pe	ode Island Ests				
8. NAMES AND ADDRESS President Name James M. Hoard		R\$ ("X" BOX FOR ATTACHN	MENT) FILL IN SPACES BEE Vice President Name Lauren J. Hoa		ING ATTACHME	NTS
Street Address 34 Albatross D	rive		34 Albatross	Drive	e	
City	State	Zip	City	State		Zip
Saunderstown Secretary Name James M. Hoard	RI	02874	Saunderstown Treasurer Name Lauren J. Hos	ard	RI	0284
Street Address 34 Albatross I	)rive		Sireer Address 34 Albatross	Drive	е	
Saunderstown	State RI	<sup>Zip</sup> 02874	Saunderstown	State	RI	02874
9. NAMES AND ADDRESS Director Name None	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES E Director Name	SEFORE (	USING ATTACHN	IENTS
Street Address			Street Address			
City	State	Ζιρ	City	State		Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State		Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X* ISSUED SHARES	BOX FOR	ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/S	eries	Par Value
1,000 SHS NO PAR	VALUE		None			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Kainer	JAMY	
Signatule of Officer		

- 2/28/01

Lauren J. Hoard

Vice President

Title of Officer

F. 12/00

James R. Langevin, Secretary of State Carporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

401-222-3040

PROFIL CORPO Filing Period: January			OKI FOR THE	IEAR LOOP	7.PH [XXI
FORM MUST BE TYPED IN BLAC I. Corporate ID No. <b>91817</b>	2. Name of Corporation	Control, Inc.			
1. Street Address Principal Business ( 34 Albatross I			city Saunderstown	State RI	<sup>zip</sup> 02874
1. Business Phone No. 401-295-0010		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character Extermination	of Business Conducted in Rio of Insect Pe	de Island ESTS			
B. NAMES AND ADDRESS President Name James M. Hoard	_	RS ("X" BOX FOR ATTACHI	MENT) FILL IN SPACES BEF Vice President Name Lauren J. Hoa	ore using attachmerd	ENTS
street Address 34 Albatross I	Orive		Street Address 34 Albatross	Drive	
Saunderstown	State RI	<sup>zıp</sup> 02874	Saunderstown	State RI	02874
Secretary Name James M. Hoard	d.		Treasurer Name Lauren J. Hoa	ırd	•
Street Address 34 Albatross I	Orive		Street Address 34 Albatross	Drive	
Saunderstown	State RI	<sup>Zip</sup> 02874	Saunderstown	State RI	<sup>zip</sup> 02874
9. NAMES AND ADDRESS Director Name None	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B  Director Name	EFORE USING ATTACH	MENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address	•		Street Address	The state of the s	• • • •
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("x" BOX FOR ATTACH	MENT)	11. SHARES ISSUED ("X" I	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares None	Class/Series	Par Value
1,000 SHS NO PAR	VALUE		1.0110		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 9 1 8 1 7 *
File Date:	3/4/00
Check No.:	1211
Ву:	<u> </u>
FOR SECRETARY	OF STATE USE ONLY

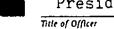
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

James M. Hoard

Print or Type Name of Officer

President





James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

91017	Quality res	t Control, Inc.			
3. Street Address Principal Business 34 Albatross	Office Drive		<sup>cuy</sup> Saunderstown	State R I	<sup>zip</sup> 02874
4. Business Phone No. 401-295-0010	l.	* AHODE ISLA	ND		6. SIC 686
7. Brief Description of the Character Exterminatio	of Business Conducted I	n Rhode Island t Pests			
8. NAMES AND ADDRES		CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BI Vice President Name Lauren J. Ho	EFORE USING ATTAC	HMENTS
James M. Hoa	.ru			Daru	
Street Address	Daire		Street Address 34 Albatross	Drive	
34 Albatross	State	Zip	City Albatios	State	Zip
Saunderstown Secretary Name	RI	02874	Saunderstown	RI	02874
James M. Hoa	rd		Lauren J. Ho	pard	
Street Address 34 Albatross			Street Address 34 Albatross	s Drive	
Saunderstown	State RI	<sup>Zip</sup> 02874	cuy Saunderstown	State RI	<sup>zip</sup> 02874
9. NAMES AND ADDRES Director Name None	SES OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	ACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		-
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR	VALUE		None		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

None

	* 9 1 8 1 7 *
File Date:	War 9,99
Check No.:	144
By:FOR SECRETAR	Y OF STATE USE ONLY

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.

Ignature of Officer

James M. Hoard

Print or Type Name of Officer

President





(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Rl 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No 2. Name of Corporation Quality Pest Control, Inc. 3. Street Address Principal Business Office State Saunderstown 34 Albatross Drive RI 4. Business Phone No. RHODE ISLAND 401-295-0010 7. Brief Description of the Character of Business Conducted in Rhode Island Extermination of Insect Pests 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Lauren J. Hoard James M. Hoard Street Addre Street Address Albatross Drive 34 Albatross Drive Zip Saunderstown 02874 RI 02874 RI Saunderstown Secretary Name Treasurer Name Street Address Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

None

Director Name

Street Address

Street Address

Director Name

City

State

Zip

State

**Olrector Name** 

City

Zip

Street Address

Street Address

City

Zip

City

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ZIp

10. SHARES AUTHORIZED (\*x\* BOX FOR ATTACHMENT)

**AUTHORIZED SHARES** 

Number of Shares

Class/Sertes

Par Value

ISSUED SHARES Number of Shares

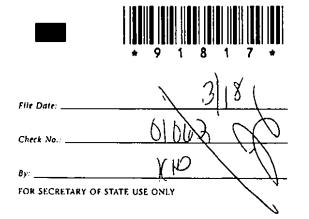
Class/Series

Par Value

1,000 SHS NO PAR VALUE

None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 type and correct.

2/28/98

Date

enature of Officer

James M. Hoard

Frint or Type Name of Officer President



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT 1997

Filling Period: January 1-March 1 • Filling Fee: \$50.00

1. Corporate ID No ., 91817 2. Name of Corporation

QUALITY PEST CONTROL. INC.

3. Street Address Principal Business Office 34 Albatross Drive <sup>City</sup> Saunderstown

RI

4. Business Phone No. 401-295-0010

5. State of Incorporation Rhode Island 6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island

Extermination of Insect Pests

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name

James M. Hoard

Vice President Name

Lauren J. Hoard

Street Address 34 Albatross Drive Street Address

34 Albatross Drive

City Saunderstown

RI

02874

City Saunderstown

RI

James M. Hoard

Treasurer Name

Lauren J.Hoard

02874

Street Adilyess 34 Albatross Drive

Street Address

34 Albatross Drive

Saunderstown

RI

02874

Saunderstown

RI

02874

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

NONE

Director Name

NONE

Street Address

Street Address

State

ZIp

Director Name

CITY

City

Director Name

City

Street Address

Street Address

State

State

Zip

Zip

City

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARFS Number of Shares

Class/Serles Par Value ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	3/10/97	
File Date:		
Check No.:	1005	•
Ву:	ecr	JH/
-	T STATE AVE ONLY	<del>-</del>
FOR SECRETARY O	F STATE USE ONLY	•

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.

James M. Hoard Print or Type Name of Officer

President