



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 CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>91817</b>		2. Name of Corporation <b>Quality Pest Control, Inc.</b>			
3. Street Address Principal Business Office <b>34 Albatross Drive</b>			City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
4. Business Phone No. <b>(401) 295-0010</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>7880</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>OPERATING A PEST CONTROL AND PREVENTITATIVE MAINTENANCE BUSINESS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>James M. Hoard</b>			Vice President Name <b>Lauren J. Hoard</b>		
Street Address <b>34 Albatross Drive</b>			Street Address <b>34 Albatross Drive</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
Secretary Name <b>James M. Hoard</b>			Treasurer Name <b>Lauren J. Hoard</b>		
Street Address <b>34 Albatross Drive</b>			Street Address <b>34 Albatross Drive</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
<b>1,000 NO PAR VALUE</b>			<b>None</b>		

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



**FILED**

File Date **MAR 07 2005**

Check No. **1858**

By **[Signature]**

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.

**Lauren J. Hoard** 3/1/05  
Signature of Officer Date

**Lauren J. Hoard**  
Print or Type Name of Officer  
**Vice President/Treasurer**

Title of Officer



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

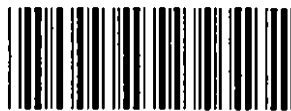
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91817		2. Name of Corporation Quality Pest Control, Inc.			
3. Street Address Principal Business Office 34 Albatross Drive			City Saunderstown	State RI	Zip 02874
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 OPERATING A PEST CONTROL AND PREVENTITATIVE MAINTENANCE BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James M. Hoard			Vice President Name Lauren J. Hoard		
Street Address 34 Albatross Drive			Street Address 34 Albatross Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name James M. Hoard			Treasurer Name Lauren J. Hoard		
Street Address 34 Albatross Drive			Street Address 34 Albatross Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
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 either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date  
MAR 01 2004  
Check No.  
by 1658 CM  
By:

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  
Lauren J. Hoard  
Date  
2/27/04

Print or Type Name of Officer  
Lauren J. Hoard

Vice President/Treasurer  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

91817

2. Name of Corporation

Quality Pest Control, Inc.

3. Street Address Principal Business Office

34 Albatross Dr.

City

Saunderstown

State

RI

Zip

02874

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

Pest control services

## 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

James M. Hoard

Vice President Name

Lauren J. Hoard

Street Address

34 Albatross Dr.

Street Address

34 Albatross Dr.

City

Saunderstown

State

RI

Zip

02874

City

Saunderstown

State

RI

Zip

02874

Secretary Name

James M. Hoard

Treasurer Name

Lauren J. Hoard

Street Address

34 Albatross Dr.

Street Address

34 Albatross Dr.

City

Saunderstown

State

RI

Zip

02874

City

Saunderstown

State

RI

Zip

02874

## 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

## 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

None

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: 1-10-03

Check No.: 1521

By: KML

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.

*James M. Hoard*  
Signature of Officer

Date

James M. Hoard

Print or Type Name of Officer

President/Secretary

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91817 2. Name of Corporation Quality Pest Control, Inc.

3. Street Address Principal Business Office 34 Albatross Drive City Saunderstown State RI Zip 02874

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>James M. Hoard</u>	Vice President Name <u>Lauren J. Hoard</u>
Street Address <u>34 Albatross Drive</u>	Street Address <u>34 Albatross Drive</u>
City <u>Saunderstown</u> State <u>RI</u> Zip <u>02874</u>	City <u>Saunderstown</u> State <u>RI</u> Zip <u>02874</u>
Secretary Name <u>James M. Hoard</u>	Treasurer Name <u>Lauren J. Hoard</u>
Street Address <u>34 Albatross Drive</u>	Street Address <u>34 Albatross Drive</u>
City <u>Saunderstown</u> State <u>RI</u> Zip <u>02874</u>	City <u>Saunderstown</u> State <u>RI</u> Zip <u>02874</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>None</u>	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

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
None

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: 3-4-02

Check No.: 1419

By: [Signature]

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] 3/25/02  
Signature of Officer Date

Lauren J. Hoard  
Print or Type Name of Officer

Vice President  
Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91817** 2. Name of Corporation **Quality Pest Control, Inc.**  
3. Street Address Principal Business Office **34 Albatross Drive** City **Saunderstown** State **RI** Zip **02874**  
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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>James M. Hoard</b>	Vice President Name <b>Lauren J. Hoard</b>
Street Address <b>34 Albatross Drive</b>	Street Address <b>34 Albatross Drive</b>
City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>	City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>
Secretary Name <b>James M. Hoard</b>	Treasurer Name <b>Lauren J. Hoard</b>
Street Address <b>34 Albatross Drive</b>	Street Address <b>34 Albatross Drive</b>
City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>	City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b>	Director Name
Street Address	Street Address
City <b>None</b> State <b>None</b> Zip <b>None</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name	Director Name
Street Address	Street Address
City <b>None</b> State <b>None</b> Zip <b>None</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS NO PAR VALUE**

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

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: 3-30-01

Check No: 1326

By: [Signature]

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] 3/30/01  
Signature of Officer Date

**Lauren J. Hoard**  
Print or Type Name of Officer

**Vice President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91817** 2. Name of Corporation **Quality Pest Control, Inc.**

3. Street Address Principal Business Office **34 Albatross Drive** City **Saunderstown** State **RI** Zip **02874**

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>James M. Hoard</b>	Vice President Name <b>Lauren J. Hoard</b>
Street Address <b>34 Albatross Drive</b>	Street Address <b>34 Albatross Drive</b>
City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>	City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>
Secretary Name <b>James M. Hoard</b>	Treasurer Name <b>Lauren J. Hoard</b>
Street Address <b>34 Albatross Drive</b>	Street Address <b>34 Albatross Drive</b>
City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>	City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <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

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

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: 3/7/00

Check No.: 1211

By: [Signature]

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]  
Signature of Officer Date

**James M. Hoard**

Print or Type Name of Officer

**President**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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. **91817** 2. Name of Corporation **Quality Pest Control, Inc.**

3. Street Address Principal Business Office **34 Albatross Drive** City **Saunderstown** State **RI** Zip **02874**

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>James M. Hoard</b>	Vice President Name <b>Lauren J. Hoard</b>
Street Address <b>34 Albatross Drive</b>	Street Address <b>34 Albatross Drive</b>
City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>	City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>
Secretary Name <b>James M. Hoard</b>	Treasurer Name <b>Lauren J. Hoard</b>
Street Address <b>34 Albatross Drive</b>	Street Address <b>34 Albatross Drive</b>
City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>	City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <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

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

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



File Date: Mar 9, 99  
Check No.: 1144  
By: [Signature]

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] 2/1/99  
Signature of Officer Date  
**James M. Hoard**  
Print or Type Name of Officer  
**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91817** 2. Name of Corporation **Quality Pest Control, Inc.**

3. Street Address Principal Business Office **34 Albatross Drive** City **Saunderstown** State **RI** Zip **02874**

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 <b>James M. Hoard</b>	Vice President Name <b>Lauren J. Hoard</b>
Street Address <b>34 Albatross Drive</b>	Street Address <b>34 Albatross Drive</b>
City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>	City <b>Saunderstown</b> State <b>RI</b> Zip <b>02874</b>

Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name <b>None</b>	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>None</b>		

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: 3/18/98  
Check No.: 01003  
By: XHO  
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.

James M. Hoard 2/28/98  
Signature of Officer Date  
**James M. Hoard**  
Print or Type Name of Officer  
**President**  
Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91817		2. Name of Corporation QUALITY PEST CONTROL, INC.			
3. Street Address Principal Business Office 34 Albatross Drive		City Saunderstown	State RI	Zip 02874	
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	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name James M. Hoard		Treasurer Name Lauren J. Hoard			
Street Address 34 Albatross Drive		Street Address 34 Albatross Drive			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)					
Director Name NONE		Director Name NONE			
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 AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
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

File Date: 3/10/97  
Check No.: 1005  
By: [Signature]  
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] 2/22/97  
Signature of Officer Date  
James M. Hoard  
Print or Type Name of Officer  
President  
Title of Officer