



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

STAMP

Annual Report for the year: **2019**
 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 158474		2. Exact name of the Corporation AMERICAN DEER PROOFING, INC.			
3. Principal Office Address 567 Liberty Lane		City West Kingston	State RI	Zip 02892	
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island Deer Repellent Application			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael A. Gaunya			Vice-President Name None		
Street Address 567 Liberty Lane, P.O. Box 718			Street Address		
City West Kingston	State RI	Zip 02892	City	State	Zip
Secretary Name Michael A. Gaunya			Treasurer Name Michael A. Gaunya		
Street Address 567 Liberty Lane, P.O. Box 718			Street Address 567 Liberty Lane, P.O. Box 718		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael A. Gaunya			Director Name None		
Street Address 567 Liberty Lane, P.O. Box 718			Street Address		
City West Kingston	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	.01	
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. <i>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.</i>					
Name of Authorized Representative Michael A. Gaunya			Date 1/15/19		
Signature of Authorized Representative 			SIGN DOCUMENT HERE FEB 07 2019 		