



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 MAR 26 PM 1:56

1. Entity ID Number <u>000061669</u>		2. Exact name of the Corporation <u>A&D Professional Pet Elimination INC</u>	
3. Principal Office Address <u>203 Concord St Ste 403</u>		City <u>Providence</u>	State <u>R.I.</u>
		Zip <u>02866</u>	
4. NAICS Code <u>812990</u>	6. Brief description of the character of business conducted in Rhode Island <u>Pet Elimination Service</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Anthony Tadini</u>		Vice-President Name <u>Same</u>	
Street Address <u>118 Cedar St</u>		Street Address	
City <u>Providence</u>	State <u>MA</u>	Zip <u>02769</u>	
Secretary Name <u>Same</u>		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name <u>Same</u>	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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	
		<u>100,000</u>	<u>COMMON</u>
			<u>NO PAR</u>
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			
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 Representative <u>Anthony Tadini</u>		Date <u>3-26-19</u>	
Signature of Authorized Representative <u>Anthony Tadini</u>		FILED	

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By Ch. PRSHLB