

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

Corporate ID No 68941	2. Name of Corporal Mario Fonses	a Pest Control, Inc.		<u> </u>	
Street Address Principal Business C		a rest control, me.	CITY JOHNSTON	State RI	zip 029 19
Business Phone No. 401 - 944 - 91	79	5 State of Incorporation			6. SIC Code
Brief Description of the Character	of Business Conducted	RHODE ISLAND  n Rhode Island ECTIONS AND PEST CON	TROL.		8888
NAMES AND ADDRESSES				ACES BEFORE USIN	G ATTACHMENTS
usideni Name NARIO A. FOI	USEC4		Vice Prosidenii Name CYNTHIA J	FONSECA-	
31 RIVER DR			SIRVY Address RIVER D		<del></del> .
"JOIHNSTON	State RI	NP 02919	CILY JOHNSTON	Sinic RI	ZIP 02-919
CYNTHIA J	FONSEU	7	CYNTHIA.	J FONSE	CA-
31 RIVER	DR		Sirvei Address 31 RIVER	DR	
"JOHNSTON	State RI	zip 02919	Cay JOHNSTON	State RI	Zip 02919
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ů.	State	Zip	City	State	ZIp
rector Name NONE	J		Director Name NONE		
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(i)	State	Zip	Gift.	State	Zψ
D. SHARES AUTHORIZED ( .THORIZED SHARES	 ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	 " BOX FOR ATTACE	 HMENT) []
imber of Shares	Class-Series	Par Value	Number of Shares	Class/Scries	Par Value
1,000 COMM NO PAR VALU	IE	<del></del>	NONE		
This report must be s	igned in ink by ei	ther the President, Vice P	resident, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee
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				rying schedules and star	hat I have examined this retements, and that all states
ile Date	LED		Cemthia -	Ponseca	a-27-0
	0-8-2005 9	<b>57</b> ′	Signiflure of Officer		Date
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FOR SECRETARY OF STA	TE USE OVER		•	DENT	
TON SCHOOLING OF STA	TE CSE (ML)	_	Title of Officer		·· <u> </u>



# 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

Form 630 Rev. 12/03

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PROFIT CORPORTION PROFIT CORPORTION AUST BE TYPED OR P	- March 1 • F	NNUAL REPOR	T FOR THE YE	AR20	04
1 Corporate ID No.	2 Name of Corpor	ation			
68941		ca Pest Control, Inc.			
3 Street Address Principal Busine 31 RIVER	ess Office DR .		JOHNSTON	J State RI	Zup 02919
4. Bustness Phone No. 401 - 944 - 917	19	5. State of Incorporation RHODE ISLAND			6 51C Code 8888
7 Brief Description of the Chame BUSINESS OF PERFO	ter of Business Conducted DRMING HOME INSP	d in Rhode Island PECTIONS AND PEST CON			11058
8. NAMES AND ADDRESS				S SPACES BEFORE US	ING ATTACHMENTS
President Name MARIO A.	FONSECH	9	Vice President Name  CYNTHIA	J. FONSE	CA
31 RIVER	DR.		Sircer Address 3.1 RIVER	DR.	
City JOHNSTON	1 State RI	ZIP 02919	CIN JOHNSTO	N State RI	7.1002919
Secretary Name	J. FON	SECA	Treasurer Name CYN TH119	J. FONS	SECA
Sireci Address RIVER	DR.		Sircei Alidress 31 RIVER	DR.	
JOHNS701	I State RI	21P 02919	CITY JOHNSTON SIAIC RI 2110 02919		
9. NAMES AND ADDRESS Director Name NONE	SES OF THE DIREC	TORS: ("X" BOX FOR A	TTACHMENT) [] FILL Director Name   NONE		JSING ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE	• • • • • • • • • • • • • • • • • • • •	••••••	Director Nam VON Z	······································	
Street Address	·		Street Address		
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10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR A	 NTTACHMENT) [	11. SHARES ISSUED		 CHMENT)
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1,000 COMM NO PAR VA	LUE		NONE		
This report must b	oc signed in ink by	either the President. Vice	President, Secretary, Assist	ant Secretary, Treasure	er. Receiver or Trustee
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	6 -8 0 4 1				n that I have examined this report statements, and that all statement
File Date 4/1/04			contained herein ar	to true and correct.	LCA 2-18-09
Check No. 8747	-	_	Signature of Officer	in FARCET	Date
By:	<del></del>	_   _	Print of Type Name	of Officer	<u>'</u>
FOR SECRETARY OF	STATE USE ONLY		UCL Title of Officer	preside	nl



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-2040

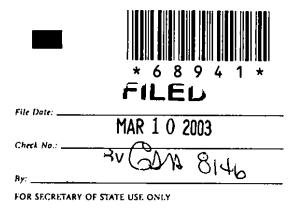
### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

401-222-3040

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(FORM MUST BE TYPED OR I					
1. Corporate ID No.	2. Name of Corporati				
68941		ca Pest Control, Inc.			
3. Street Address Principal Rus 31 RIVER	DR.		JOHNSTON	State	02919
4. Business Phone No.	1,00	5. State of Incorporation			6. SIC Code
401 - 944 -9	11'19	RHODE ISLAND			8888
PEST CON	racter of Austress Conducted in JTR.OL + H	ome INSPEC	TIONS		
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MARIO A. F	FONSECA		Vice President Name CYNTHIA J.	FONSECA	
Street Address 31 RIVER	DR.		Street Address 31 RIVER	DR.	
JUHNSTON	U State RI	02919	NOTZNHOT	State RI	zip 02919
Secretary Name	J. FONSECT	7	CYNTHIA J.	FONSTCA	
Street Address RIVER	DR.		Street Address 31 RIVER		
JOHNSTON	State RI	02919	NOTENHOT "	State RI	02.5 15
9. NAMES AND ADD	RESSES OF THE DIRE	CTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES	BEFORE USING ATTA	ACHMENTS
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name NONF.		
NUNC			100110		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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AUTHORIZED SHARES			ISSUEED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Far Value
1,000 COMM 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.

Cynthes 7	meca	2-28-03	ζ
Signaffire of Officer		Date	
TREACHORD		~~	

TREASURER CYNTHIA FONSECA



Form 630 12/02

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

STOP PILASE READ INSTRUCTIONS

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(FORM MUST BE TYPED IN	N BLACK)				
1. Corporate ID No.	2. Name of Corpora	tion		•	<u> </u>
68941	Mario Fons	eca Pest Control, Inc.			
3. Street Address Principal But 31 RIVER	DR ."		City TOHNSTON	State R.I	Zip 02919
4. Business Phone No. (401) 944	9179	5. State of Incorporation RHODE ISLANI			6. SIC Code 8888
7. Brief Description of the Cha	tracter of Business Conducted I	n Rhode Island ES 1 Heme 11			0000
8. NAMES AND ADD President Name P7 AR 10 A.		CERS ("X" BOX FOR ATTAC	Vice President Name	EFORE USING ATTAC	HMENTS
JINKIO H. I Street Address	TONSELA		CYNTHIA J.	FUNSECA	
31 RIVER			Street Address 31 RIVER D		
JUHN STO	Nº State RI	02919	TO HNSTON	State RI	zip 02919
Secretary Name  CYN THIA	T. FONSICA		Treasurer Name  CYNTTHIA J	. FONSETA	
Street Address 31 RIVER	De.		Street Address RIVER Z		
City JUHNSTUN	State RI	zip 02919	CHY JOHNSTON		21p 025 8G
	RESSES OF THE DIRE	CTORS (*X* BOX FOR ATI	FILL IN SPACES	BEFORE USING ATTA	
Director Name んかい	E		Director Name		
N UN Street Address	C		NONE		
nicel Muuress			Street Address		
City	State	Zip	Clò	State	Zip
Director Same NONE	5		Director Name		
Street Address			NONE. Street Address		
Tity	State	Zip	City	State	Zip
IO. SHARES AUTHORI	IZED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED CX	BOX FOR ATTACHMENT)	
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	has Miles
1,000 COMM NO PAR		••	to of puries	CHOS/SCHES	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	3-4.02	
Check No.:	7498	
B)::	2	
,	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.

Cynthia J Formera	3-2-02
•	Date
CYNTHIA J. FONSECA Print of Type Name of Officer	
THICK president	
Title of Officer	

Form 630 12/01

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

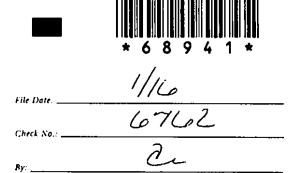
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1. Corporate ID No. 68941	2. Name of Corporation Hario Fons	eca Pest Control	, Inc.		
3. Street Address Principal Busines 31 RIVER DR. 4. Business Phone No. (401) 944-9179 7. Brief Description of the Charact HOME INSPECTIO	ss Office	5. State of Incorporation RHODE ISLAND Rhode Island	TOHNSTO N	State RI	<sup>ZIP</sup> 029/ 6. <b>8888</b>
8. NAMES AND ADDRE President Name MARIO A. FONS Street Address 31 RIVER DR.		ERS (*x* box fur attach.	MENT) FILL IN SPACES B Vice President Name CYNFHIA J FO Street Address 31 RIVER D		CHMENTS
JOHNS TON	State RI	3919	JUHNSTON	State BI	7.ip 029/9
Secretary Name  CYNTHIA J FON  Street Address  31 RIVER DR.	ISECA		Treosurer Name  CYNTHIA T F  Street Address  31 RIVER DI		
TO HNSTON	State RI	02919	City TOHNSTON	State RI	Zip 629
9. NAMES AND ADDRE Director Name NONE	SSES OF THE DIREC	CTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATT	ACHMENTS
Street Address			Street Address		
City	State	Zip	Clty	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("A	* BOX FOR ATTACHMEN	T)

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

Number of Shares



FOR SECRETARY OF STATE USE ONLY

1,000 SHS COMM NO PAR VAL

Class/Series

Par Value

Number of Shares

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.

Class/Series

Par Value

1-8-01
Date

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

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(FORM MUST BE TYPED IN BLACK)

					 •
1.	Corpo	rate	ID	No.	

2. Name of Corporation

3. Street Address Principal Business Of	<sub>vice</sub> Mario Fonsed	a Pest Control,		State 0-	Zip O I C
31 RIVER DR.		S. State of Incorporation	NOTZNHOT	KI	6. SIC Code
(401) 944-9179	<b>.</b>	RHODE ISLAND			
7. Brief Description of the Character of PEST CANTRO	L + HOME	INSPECTION			
8. NAMES AND ADDRESSE President Name	ES OF THE OFFICER	S ("X" BOX FOR ATTACHM		FORE USING ATTACHM	ENTS
MARIO A. FOR	ISECA		CYNTHIA J.	FONSECA	
Street Address 31 RIVER DR.			31 RIVER DI		
City TOHNSTON Secretary Name	State RI	<sup>218</sup> 02919	JUHNSTON	State RI	zip 02919
CYNTHIA J.	FONSECH		CYNTHIA J	FONSECA	
31 RIVER DR			31 RIVER D	R .	
JOHNSTON	State RI	02919	JOHNSTON	State RI	zip 02919
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS (*X* BOX FOR ATTAC		BEFORE USING ATTACH	MENTS
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
NONE Street Address			NONE		
anteer Wantess			Street Address		
City	State	2.lp	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACHM	HENT)	11. SHARES ISSUED ("X" )	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO	PAR VAL		NONE		

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

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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.

Cynthia Forseca Signature of Officer	2-29-2000
Signature of Officer	Date
CYNTHIA FONSECH Print of Type Name of Officer	
Print of Type Name of Officer	
VICE PRESIDENT	
Title of Officer	



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

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) I. Corporate ID No. Name of Corporation
Mario Fonseca Pest Control, Inc. 68941 3. Street Address Principal Business Office KIVEK JOHNSTON DRIVE of the Character of Business Conducted in Rhode Island AND CONTROL ; WOODBURING INSPECTIONS HOME 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR AFTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS FONSECA J. FONSECH FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE  $\mathcal{NONE}$ , Street Address \* Street Address City State Zip City Zip Director Name Director Name NON Street Address Street Address City State City State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES NONE Number of Shares Class/Series Par Volue Number of Shares Class/Series Par Value 1,000 SHS COMM NO PAR VAL

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



File Date:	Jan 20,99	
Check No.:	4500	
Ву:	20.	
FOR SECRETA	RY 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.

Cimthia	Û.	Forseca	1-15.99
Signature of Officer			Date
1 Vx 1774 113	7	FREKERA	

<u>, VIIIII</u> Print or Type Name of Officer



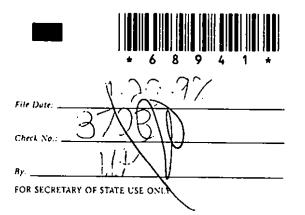
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

401-277-3040

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 68941 Mario Fonseca Pest Control, Inc. 3. Street Address Principal Business Office 31 RIVER 4. Business Phone No 5. State of Incorporation **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island CONTROL AND HOMF INSPECTION S 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name MARIO A FONSECA CYNTHIA J. FONSECA Street Address Street Address RIVER DR. 31 RIVER 02919 JOHNSTON JOHNSTON Secretary Name FUNSECA CYNTHIA CYNTHIA JUHNSTON ŔI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE NONE Street Address Street Address City State State Zip Director Name Director Name NONE NONEStreet Address Street Address City State City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Pac Value NONE 1,000 SHS COMM NO PAR VAL

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.

Centhia	Q.	Forseca	1-14-98 Date
Signappre of Officer	70		Date
MUSTUA	<u> </u>	FANCEAR	

CYNTHIA J. FONSECA Print or Type Name of Officer

VICE PRESIDENT



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

PROFIT	CORPORATION	O N	ANNUAL	REPORT	1997
	_				

(FORM	MUST	RF	TYPED	IN	BLACK)
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1. Corporate ID No.

2. Name of Corporation

68941

Mario Fonseca Pest Control, Inc.

Address Principal Business Office

5. State of Incorporation

**RHODE ISLAND** 

TOHNSTON

Brief Description of the Character of Business Conducted in Rhode Island

CONTROL + HOME INSPECTIONS

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

FONSECA MARIO

CYNTHIA J. FONSECA

Vice President Name

J. FONSECA

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

Street Address

City

State

CYNTHIA J. FONSECA

Director Name

City

State

City

NONE

State

Zip

Director Name

Director Name

Street Address

NONE. Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

NONE

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



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.



#### **PROFIT CORPORATION ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Ву:

For Secretary of State Use Only

iling Fee: \$50.00	Z)RPORATION	PLEASE TYPE OR I	PRINT IN BLACK INK.		
		onseca Pest Co	entrol, Inc.		
STREET ADDRESS PRINCIPAL BUSINESS DIFFICE  31 RIVER DR.			JOHNSTON	STATE	02919
BUSINESS PHONE NO		5. STATE OF INCORPORATION		1/12	6 S4C COOE
<u>(401) 944-9179</u>		RHODE IS	LAND		8888
PEST CONTROL – $\ell$	EXTE	RMINATION	VS / HOME INSP		S (RETAL ESTATE)
SIDENT NAME	8. NAM	ES AND ADDR	WCE PRESIDENT NAME		
MARIO A. FONSEC REET ADDRESS	A		CYNTHIA J.	I-ONSEC,	<i>f)</i>
31 RIVER DR.		ZP CODE	31 RIVER D	<i>e</i> .	
JOHNSTON K	PI	02919	JOHNSTON	STATE	02919
RETARY NAME CYNTHIA J. F	ONSE	CA	CYNTHIA J.	FONSEC	PA
BLIVER DR			31 RIVER DR	2.	· · · · · · · · · · · · · · · · · · ·
JOHNSTON STATE R.	T.	200x 2019	JOHNSTON	STATE RT	02919
RECTOR NAME	9 . N A M	ES AND ADDR	ESSES OF THE DIRECTORNAME	TORS	1
NONE			NONE		
REET AODRESS			Y STREET ADORESS		
Y STATE		ZIP COOE	άπγ	STATE	ZIP 000€
NONE	<del>ataman</del> an.	* ** <sup>1</sup>	DIRECTOR HAME NONE	HE CHARLEST THE PROPERTY OF	· · · · · · · · · · · · · · · · · · ·
REET ADDRESS			STREET ADDRESS		<del></del>
Y STATE	<del></del>	ZIP CCOE	άτι	STATE	25° 00.0€
	10. SH	ARES AUTHOR	IZED AND ISSUED		
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President Vice	This	report must be SIG	NED IN INK by either the ant Secretary, Treasurer, Rec	oisor or Tructo	_
i resident, vice	. i iesiuei	ii, uduletaly, ASSISI	•		effirm that I have examine
	· · · · · · · · · · · · · · · · · · ·	wh	report, including any a all statements contain	ccompanying sche	edules and statements, an
File Date: 3)5/9 6	$\langle V \rangle$	MV	Cynthia	J. 700	seca_
			Signature of Officer	//	
File Date: 315196  Check No: 4638		,	( VA/TZLIA	JEN	ICETA

#### State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

#### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. 0068941

Corporate ID:

Annual Report for the year;

Name of Corporation:

Mario Fonseca Pest Control, Inc.

Business entity organized under the laws of the State of RHODE ISLAND

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

PEST CONTROL HOME INSPECTIONS

Business Corporation (See RIGL Chapter 7-1.1)

[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

1995

Phone: (401) 944 - 9179

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

31 RIVER DR.

JOHNSTON RI 02919

401 277-3040

Phone: (401) 944 - 9179

PRESIDENT	HE NAMES OF THE OFFICER	S ARE:	
MARIO A. FONSECA 31 K	STREET ADDRESS  NER DR. STREET ADDRESS	JUHNSTUN, RI	02919
a	RIVER DR STREET ADDRESS	TOHNSTON RT	2029/9
<b>.</b>	RIVER DR	JOHNSTON, RI	
	IVER DR	JOHNSTON, RI	029/9
NAME IH	E NAMES OF THE DIRECTOR STREET ADDRESS	RSARE: NONE	ZI2 CODF
NAME	STREET ADDRESS	CITYOSTATE	2:P CODE
NAME.	STREET ADD SS	CHYSTAIF	VIS CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached	DONE NUMBER OF S	HARES ISSUED AND OUTSTANDING (Ric	der may be attached)
Number of Shares Class / Series	Number of Sha	rres Class / Series	··
· — · · — · — · — · — · — · — · — · — ·			
Date	By: Cynthia Chnthia T	J. TOMOLCO.	
Form 31 1/95	PRINT OR YP X ME OF OR RET	NOEVT	·
DESIGNATED R	EGISTERED AGENT FOR SER	VICE OF PROCESS.	

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MARIO A. FONSECA 31 RIVER DRIVE JOHNSTON RI 02919

PAID 4PR 1 8 1995

PAR SALUE OR - ₹6:33 |-|-PLEASE NOTE. If the Corporation has charged in registered office and/or registered or review agent. Form 9 or Form LLC 3 miss by filed Date - SAN 25 NUMBER 1000 SERIES CLASS COMM NUMBER OF SHARES AUTHORIZED (IT Applicable) \$ 593 m DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS: THE NAMES OF THE DIRECTORS ARE: NIKET AND THE AND INCOME AND AND VER TABLES 3, SCHOOL STATE SERIES (1,ASS NUMBÉR DE SHARES ISSUED AND OUTSTANDING (II Applicable) WITHOUT PAR PAR VALUE OR NUMBER JOHNSTON, RI 02919 JOHNSTON, RI 02919 JOHNSTON, RI 02919 JOHNSTON, RI 02919 FONSECA ( 32/14) יונא אני זי C AN AIL 100 MIDS 2 SEC.1412

MARIO A. FONSECA SI RIVER DRIVE JOHNSTON FI ORGIG

Filing Fee \$50.00	2370 JB. To be filed annually between
COR	and and Providence Plantations
Corporate ID. 0068941	NORTH MAIN STREET ENCE, RHODE ISLAND 02903  Annual Report for the year 1990
·	Mario Fonseca Fest Control. Inc.
Tiks). The name of the corporation is	
SECOND: It is incorporated under the laws	or Rhode Island
	d, is Pest Control
FOURTH: If foreign corporation, address of	f its principal office
FIFTH: Business address in Rhode Island	31 RIVER DR.
	JOHNSTON, RI 02919
SIXTH: Names and addresses of its director	rs and officers: (Attach rider if necessary)  Office Address (including number, street, zip code)
Direct	or
	or
Direct	or
MARIO A. FONSECA Preside	
MAP CYNTHIA J, FONSECA Vice P	President
CYNTHIA J. FONSECA Secreta	ary
CYNTHIA J. FONSECA Treasu	irer
SEVENTH: Number of Shares authorized:	Par Value or statement that
No of Shares Class	shares are without Series par value
0-	1 <u>u</u>
	APR 2 9 1593
EIGHTH: Number of Shares issued:	SEC'Y OF STATE Series  Par Value or statement that shares are without par value
No. of Shares Class	Series Series par value
0-	
Dated April 27, 19 93	Mario Fonseca Pest Control, In.
	By Cypthia J. Fonseca
(Report must be signed by an officer)	By Cypthia J. Fonseca Title Vice -president