



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
401.222.3010

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 68941		2. Name of Corporation Mario Fonseca Pest Control, Inc.		
3. Street Address Principal Business Office 31 RIVER DR		City JOHNSTON	State RI	Zip 02919
4. Business Phone No 401-944-9179		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS OF PERFORMING HOME INSPECTIONS AND PEST CONTROL.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name MARIO A. FONSECA		Vice President Name CYNTHIA J FONSECA		
Street Address 31 RIVER DR		Street Address 31 RIVER DR		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI
Secretary Name CYNTHIA J FONSECA		Treasurer Name CYNTHIA J FONSECA		
Street Address 31 RIVER DR		Street Address 31 RIVER DR		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI
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
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 COMM NO PAR VALUE			NONE	
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

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



File Date	FILED
Check No.	MAR 08 2005
By	<i>MB</i>
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 Fonseca 2-27-05
Signature of Officer Date
Cynthia Fonseca
Print or Type Name of Officer
VICE PRESIDENT
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. 68941		2 Name of Corporation Mario Fonseca Pest Control, Inc.									
3 Street Address Principal Business Office 31 RIVER DR.		City JOHNSTON		State RI		Zip 02919					
4 Business Phone No. 401-944-9179		5 State of Incorporation RHODE ISLAND				6 SIC Code 8888					
7 Brief Description of the Character of Business Conducted in Rhode Island BUSINESS OF PERFORMING HOME INSPECTIONS AND PEST CONTROL.											
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name MARIO A. FONSECA				Vice President Name CYNTHIA J. FONSECA							
Street Address 31 RIVER DR.				Street Address 31 RIVER DR.							
City JOHNSTON		State RI		Zip 02919		City JOHNSTON		State RI		Zip 02919	
Secretary Name CYNTHIA J. FONSECA				Treasurer Name CYNTHIA J. FONSECA							
Street Address 31 RIVER DR.				Street Address 31 RIVER DR.							
City JOHNSTON		State RI		Zip 02919		City JOHNSTON		State RI		Zip 02919	
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"/>								11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES								ISSUED SHARES NONE			
Number of Shares		Class/Series		Par Value		Number of Shares		Class/Series		Par 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



* 6 8 9 4 1 *

File Date	4/1/04
Check No.	8747
By:	W.
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 Fonseca	2-18-04
Signature of Officer	Date
Cynthia Fonseca	
Print or Type Name of Officer	
Vice president	
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. 2. Name of Corporation

68941

Mario Fonseca Pest Control, Inc.

3. Street Address Principal Business Office

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

4. Business Phone No.

401-944-9179

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

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

PEST CONTROL + HOME INSPECTIONS

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

MARIO A. FONSECA

Vice President Name

CYNTHIA J. FONSECA

Street Address

31 RIVER DR.

Street Address

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

City

JOHNSTON

State

RI

Zip

02919

Secretary Name

CYNTHIA J. FONSECA

Treasurer Name

CYNTHIA J. FONSECA

Street Address

31 RIVER DR.

Street Address

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

City

JOHNSTON

State

RI

Zip

02919

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 COMM 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



* 6 8 9 4 1 *

FILED

File Date: MAR 10 2003

Check No.: 3v GMA 8146

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.

Cynthia Fonseca 2-28-03
Signature of Officer Date

TREASURER CYNTHIA FONSECA
Print or Type Name of Officer

TREASURER
Title of Officer



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

Edward S. Innian, 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.

68941

2. Name of Corporation

Mario Fonseca Pest Control, Inc.

3. Street Address Principal Business Office

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

4. Business Phone No.

(401) 944-9179

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

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

PEST CONTROL SERVICES / HOME INSPECTIONS

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

MARIO A. FONSECA

Vice President Name

CYNTHIA J. FONSECA

Street Address

31 RIVER DR.

Street Address

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

City

JOHNSTON

State

RI

Zip

02919

Secretary Name

CYNTHIA J. FONSECA

Treasurer Name

CYNTHIA J. FONSECA

Street Address

31 RIVER DR.

Street Address

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

City

JOHNSTON

State

RI

Zip

02919

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)

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

AUTHORIZED SHARES

ISSUED SHARES

NONE

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

Number of Shares

Class/Series

Par Value

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



* 6 8 9 4 1 *

File Date: 3-4-02

Check No.: 7498

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.

Cynthia J. Fonseca 3-2-02
Signature of Officer Date

Cynthia J. Fonseca
Printed 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. 68941 2. Name of Corporation Mario Fonseca Pest Control, Inc.

3. Street Address Principal Business Office

31 RIVER DR.

City JOHNSTON

State RI

Zip 02919

4. Business Phone No.

(401) 944-9179

5. State of Incorporation
RHODE ISLAND

6. 6888

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

HOME INSPECTIONS AND PEST CONTROL

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

President Name

MARIO A. FONSECA

Vice President Name

CYNTHIA J FONSECA

Street Address

31 RIVER DR.

Street Address

31 RIVER DR.

City JOHNSTON

State RI

Zip 02919

City JOHNSTON

State RI

Zip 02919

Secretary Name

CYNTHIA J FONSECA

Treasurer Name

CYNTHIA J FONSECA

Street Address

31 RIVER DR.

Street Address

31 RIVER DR.

City JOHNSTON

State RI

Zip 02919

City JOHNSTON

State RI

Zip 02919

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

Director Name

NONE

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 COMM NO PAR VAL

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

ISSUED SHARES NONE

Number of Shares

Class/Series

Par Value

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



* 6 8 9 4 1 *

File Date: 1/16

Check No.: 6762

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.

Cynthia J Fonseca 1-8-01
Signature of Officer Date

Cynthia J. Fonseca
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. 2. Name of Corporation

3. Street Address Principal Business Office **68941 Mario Fonseca Pest Control, Inc.**
31 RIVER DR. City **JOHNSTON** State **RI** Zip **02919**

4. Business Phone No. 5. State of Incorporation

(401) 944-9179
7. Brief Description of the Character of Business Conducted in Rhode Island **RHODE ISLAND**
PEST CONTROL + HOME INSPECTION

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

President Name MARIO A. FONSECA Street Address 31 RIVER DR. City JOHNSTON State RI Zip 02919	Vice President Name CYNTHIA J. FONSECA Street Address 31 RIVER DR. City JOHNSTON State RI Zip 02919
Secretary Name CYNTHIA J. FONSECA Street Address 31 RIVER DR. City JOHNSTON State RI Zip 02919	Treasurer Name CYNTHIA J. FONSECA Street Address 31 RIVER DR. City JOHNSTON State RI Zip 02919

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

Director Name NONE Street Address City State Zip	Director Name NONE Street Address City State Zip
Director Name NONE Street Address City State Zip	Director Name NONE Street Address City State Zip

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

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

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



* 6 8 9 4 1 *

File Date: **3/3/00**

Check No.: **5972**

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.

Cynthia Fonseca **2-29-2000**
Signature of Officer Date

CYNTHIA FONSECA
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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 68941		2. Name of Corporation Mario Fonseca Pest Control, Inc.	
3. Street Address Principal Business Office 31 RIVER DRIVE		City JOHNSTON	State RI
4. Business Phone No. (401) 944-9179		5. State of Incorporation RHODE ISLAND	Zip 02919
6. SIC Code 0000			
7. Brief Description of the Character of Business Conducted in Rhode Island PEST CONTROL ; WOODBORING AND HOME INSPECTIONS			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MARIO A. FONSECA		Vice President Name CYNTHIA J. FONSECA	
Street Address 31 RIVER DR.		Street Address 31 RIVER DR.	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Secretary Name CYNTHIA J. FONSECA		Treasurer Name CYNTHIA J. FONSECA	
Street Address 31 RIVER DR.		Street Address 31 RIVER DR.	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
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	City	State
Zip		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		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	Number of Shares	Class/Series
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



* 6 8 9 4 1 *

File Date: Jan 20, 1999
Check No.: 4500
By: JD

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 J. Fonseca 1-15-99
Signature of Officer Date
CYNTHIA J. FONSECA
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
401-277-3040



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.

68841

2. Name of Corporation

Marlo Fonseca Pest Control, Inc.

3. Street Address Principal Business Office

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

4. Business Phone No.

(401) 944-9179

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8838

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

PEST CONTROL AND HOME INSPECTIONS

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

President Name

MARIO A. FONSECA

Street Address

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

Secretary Name

CYNTHIA J. FONSECA

Street Address

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

Vice President Name

CYNTHIA J. FONSECA

Street Address

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

Treasurer Name

CYNTHIA J. FONSECA

Street Address

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

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

Director Name

NONE

Street Address

City

State

Zip

Director Name

NONE

Street Address

City

State

Zip

Director Name

NONE

Street Address

City

State

Zip

Director Name

NONE

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

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



* 6 8 9 4 1 *

File Date:

Check No.:

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.

Cynthia J. Fonseca 1-14-98
Signature of Officer Date

CYNTHIA J. FONSECA
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
401-277-3040



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.

68941

2. Name of Corporation

Mario Fonseca Pest Control, Inc.

3. Street Address Principal Business Office

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

4. Business Phone No.

(401) 944-9179

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

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

PEST CONTROL + HOME INSPECTIONS

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

President Name

MARIO A. FONSECA

Street Address

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

Vice President Name

CYNTHIA J. FONSECA

Street Address

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

Secretary Name

CYNTHIA J. FONSECA

Street Address

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

Treasurer Name

CYNTHIA J. FONSECA

Street Address

31 RIVER DR.

City

JOHNSTON

State

RI

Zip

02919

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

Director Name

NONE

Street Address

City

State

Zip

Director Name

NONE

Street Address

City

State

Zip

Director Name

NONE

Street Address

City

State

Zip

Director Name

NONE

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

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



* 6 8 9 4 1 *

File Date:

3.11.97

Check No.:

3078

By:

10P

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 J. Fonseca 2-28-97
Signature of Officer Date

CYNTHIA J. FONSECA

Print or Type Name of Officer

VICE PRESIDENT

Title of Officer

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
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 68941		2. NAME OF CORPORATION Mario Fonseca Pest Control, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 31 RIVER DR.			CITY JOHNSTON	STATE RI	ZIP CODE 02919
4. BUSINESS PHONE NO. (401) 944-9179		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 8888	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND PEST CONTROL - EXTERMINATIONS / HOME INSPECTIONS (REAL ESTATE)					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME MARIO A. FONSECA			VICE PRESIDENT NAME CYNTHIA J. FONSECA		
STREET ADDRESS 31 RIVER DR.			STREET ADDRESS 31 RIVER DR.		
CITY JOHNSTON	STATE RI	ZIP CODE 02919	CITY JOHNSTON	STATE RI	ZIP CODE 02919
SECRETARY NAME CYNTHIA J. FONSECA			TREASURER NAME CYNTHIA J. FONSECA		
STREET ADDRESS 31 RIVER DR.			STREET ADDRESS 31 RIVER DR.		
CITY JOHNSTON	STATE RI	ZIP CODE 02919	CITY JOHNSTON	STATE RI	ZIP CODE 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME NONE			DIRECTOR NAME NONE		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME NONE			DIRECTOR NAME NONE		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	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

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.

File Date:

3/5/96

Check No:

4638

By:

WP

For Secretary of State Use Only

Signature of Officer

Cynthia J. Fonseca

CYNTHIA J. FONSECA
Print or Type Name of Officer

SECRETARY
Title of Officer

Date

3/5/96

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.

Corporate ID: 0068941

Annual Report for the year: 1995

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):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

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

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

PEST CONTROL
HOME INSPECTIONS

Phone: (401) 944-9179

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT MARIO A. FONSECA	31 RIVER DR.	JOHNSTON, RI	02919
VICE PRESIDENT CYNTHIA J. FONSECA	31 RIVER DR	JOHNSTON, RI	02919
SECRETARY CYNTHIA J. FONSECA	31 RIVER DR	JOHNSTON, RI	02919
TREASURER CYNTHIA J. FONSECA	31 RIVER DR.	JOHNSTON, RI	02919

THE NAMES OF THE DIRECTORS ARE: NONE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached) 1000 common NONE NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) NONE

Number of Shares	Class / Series	Number of Shares	Class / Series
1			

Date 2-22, 1995

By: Cynthia J. Fonseca

Cynthia J. FONSECA

VICE PRESIDENT

Form 31 '95

DESIGNATED REGISTERED AGENT FOR SERVICE 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
APR 18 1995
TP 3700
SECRETARY OF STATE

Filing Fee \$50.00

23707B

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0068941 Annual Report for the year 1993

FIRST: The name of the corporation is Mario Fonseca Pest Control, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Pest Control

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 31 RIVER DR.

JOHNSTON, RI 02919

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

MARIO A. FONSECA President

31 RIVER DR. JOHNSTON, RI 02919

~~MARIO~~ CYNTHIA J. FONSECA Vice President

" " " " " "

CYNTHIA J. FONSECA Secretary

" " " " " "

CYNTHIA J. FONSECA Treasurer

" " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

0-

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

0-

Dated April 27, 1993

Mario Fonseca Pest Control, Inc.
(Name of Corporation)

By Cynthia J. Fonseca

Title Vice-president

(Report must be signed by an officer)