



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

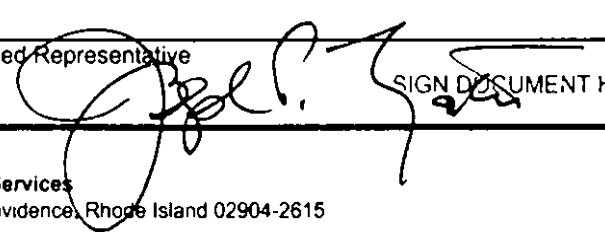
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 JAN 13 PM 12:58

1. Entity ID Number 44322		2. Exact name of the Corporation Guardian Pest Control, Inc.			
3. Principal Office Address 391 Warren Avenue			City E. Providence	State RI	Zip 02914
4. NAICS Code 531710	6. Brief description of the character of business conducted in Rhode Island Provide pest control services to residential and commercial customers.				
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 Joseph P. Martin			Vice-President Name Eric D. Martin		
Street Address 358 Juniper Street			Street Address 391 Warren Avenue		
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914
Secretary Name Eric D. Martin			Treasurer Name Joseph P. Martin		
Street Address 391 Warren Avenue			Street Address 358 Juniper Street		
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph P. Martin			Director Name		
Street Address 358 Juniper Street			Street Address		
City E. Providence	State RI	Zip 02914	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		
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 Joseph P. Martin					Date 12/31/19
Signature of Authorized Representative  SIGN DOCUMENT HERE					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017