



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

FILED

JAN 27 2020 *J*

15769

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.

1. Entity ID Number 66750		2. Exact name of the Corporation Budget Termite & Pest Control, Inc.			
3. Principal Office Address 2009 Elmwood Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 115112		6. Brief description of the character of business conducted in Rhode Island The operation of a pest control business and any other lawful purpose			
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 George B. Cardoza			Vice-President Name George D. Cardoza		
Street Address 2009 Elmwood Avenue			Street Address 2009 Elmwood Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name George B. Cardoza			Treasurer Name Joyce Cardoza		
Street Address 2009 Elmwood Avenue			Street Address 2009 Elmwood Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name George B. Cardoza			Director Name George D. Cardoza		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Director Name Joyce Cardoza			Director Name		
Street Address Same as above			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
			100		Common
			PAR VALUE		No Par
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 George B. Cardoza, Pres.				Date 1/15/20	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov