



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 92967 | | 2. Name of Corporation Pest Patrol Inc. | | | |
| 3. Street Address Principal Business Office 747 PONTIAC AVENUE | | | City CRANSTON | State RI | Zip 02910 |
| 4. Business Phone No 401-463-3116 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 7880 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE INSPECTION AND TREATMENT FOR VARIOUS WOOD BORING INSECTS, HOUSEHOLD INSECTS, AND VERTABRATES. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name ROBERT J. TODISCO I | | | Vice President Name DANNA TODISCO | | |
| Street Address 747 PONTIAC AVE | | | Street Address 747 PONTIAC AVE | | |
| City CRANSTON | State RI | Zip 02910 | City CRANSTON | State RI | Zip 02910 |
| Secretary Name ROBERT J. TODISCO I | | | Treasurer Name ROBERT J. TODISCO I | | |
| Street Address 747 PONTIAC AVE | | | Street Address 747 PONTIAC AVE | | |
| City CRANSTON | State RI | Zip 02910 | City CRANSTON | State RI | Zip 02910 |
| 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 | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1,000 NO PAR VALUE | | | 0 | | NONE |

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



* 9 2 9 6 7 *

File Date 2/23/04
Check No. 2453
By SC
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.

Signature of Officer Robert J. Todisco I Date 29 Dec 03
Print or Type Name of Officer ROBERT J. TODISCO I
Title of Officer PRESIDENT



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. **92967** 2. Name of Corporation **Pest Patrol Inc.**

3. Street Address Principal Business Office **717 PONTIAC AVENUE** City **CRANSTON** State **RI** Zip **02910**

4. Business Phone No. **401-463-3116** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
PEST CONTROL + WILDLIFE SERVICES

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

President Name **ROBERT TODISCO I**
Street Address **747 PONTIAC AVENUE**
City **CRANSTON** State **RI** Zip **02911**

Vice President Name **DONNA TODISCO**
Street Address **747 PONTIAC AVENUE**
City **CRANSTON** State **RI** Zip **02911**

Secretary Name **ROBERT J. TODISCO I**
Street Address **747 PONTIAC AVENUE**
City **CRANSTON** State **RI** Zip **02911**

Treasurer Name **ROBERT J. TODISCO I**
Street Address **747 PONTIAC AVENUE**
City **CRANSTON** State **RI** Zip **02911**

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

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

| AUTHORIZED SHARES | Class/Series | Par Value |
|---------------------------|--------------|-----------|
| 1,000 NO PAR VALUE | | |

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

| ISSUED 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



* 9 2 9 6 7 *

File Date: **2.20.03**
Check No.: **2304**
By: **LP**

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

Signature of Officer **Robert J. Todisco I** Date **25 FEB 03**

Print or Type Name of Officer **ROBERT J. TODISCO I**

Title of Officer **PRESIDENT**



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. **92967** 2. Name of Corporation: **Pest Patrol Inc.**
3. Street Address Principal Business Office **747 PONTIAC AVENUE** City **CRAANSTON** State **RI** Zip **02910**
4. Business Phone No. **401-463-3116** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
PEST CONTROL / WILDLIFE REMOVAL SERVICES
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

| | |
|---|---|
| President Name ROBERT TODISCO I Street Address 747 PONTIAC AVE City CRAANSTON State RI Zip 02910 | Vice President Name DONNA TODISCO Street Address 747 PONTIAC AVE City CRAANSTON State RI Zip 02910 |
| Secretary Name ROBERT TODISCO Street Address 747 PONTIAC AVE City CRAANSTON State RI Zip 02910 | Treasurer Name ROBERT TODISCO Street Address 747 PONTIAC AVE City CRAANSTON State RI Zip 02910 |

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

| | |
|---|---|
| Director Name NONE Street Address NONE City _____ State _____ Zip _____ | Director Name NONE Street Address NONE City _____ State _____ Zip _____ |
| Director Name NONE Street Address NONE City _____ State _____ Zip _____ | Director Name NONE Street Address NONE City _____ State _____ Zip _____ |

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

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------|--------------|------------------|
| 1,000 | NO | PAR VALUE |

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

| ISSUED 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



* 9 2 9 6 7 *

File Date: 6-7-02
Check No.: 2219
By: [Signature]

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.
[Signature] 26 FEB 02
Signature of Officer Date
ROBERT J. TODISCO I
Print or Type Name of Officer
President
Title of Officer



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. 92967 | | 2. Name of Corporation PEST PATROL, INC | | | |
| 3. Street Address Principal Business Office 515 PONTIAC AVENUE | | | City CRANSTON | State RI | Zip 02910 |
| 4. Business Phone No. (401) 463-3116 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 7880 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island PEST MANAGEMENT SERVICES, WILDLIFE REMOVALS, | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name ROBERT TODISCO | | | Vice President Name DOUNA TODISCO | | |
| Street Address 515 PONTIAC AVENUE | | | Street Address 515 PONTIAC AVENUE | | |
| City CRANSTON | State RI | Zip 02910 | City CRANSTON | State RI | Zip 02910 |
| Secretary Name ROBERT TODISCO | | | Treasurer Name ROBERT TODISCO | | |
| Street Address 515 PONTIAC AVENUE | | | Street Address 515 PONTIAC AVENUE | | |
| City CRANSTON | State RI | Zip 02910 | City CRANSTON | State RI | Zip 02910 |
| 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 NONE | | | Street Address NONE | | |
| City NONE | State NONE | Zip NONE | City NONE | State NONE | Zip NONE |
| Director Name NONE | | | Director Name NONE | | |
| Street Address NONE | | | Street Address NONE | | |
| City NONE | State NONE | Zip NONE | City NONE | State NONE | Zip NONE |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares 1,000 | Class/Series A | Par Value NO PAR | Number of Shares 1,000 | Class/Series A | Par Value NONE |

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

File Date: **9-25-01**
Check No. **2125**
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.

[Signature] 13 SEPT 01
Signature of Officer Date
ROBERT J. TODISCO
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **92967** 2. Name of Corporation **Pest Patrol Inc.**
3. Street Address Principal Business Office City State Zip
1255 OAKLAWN AVENUE **CRANSTON** **RI** **02910**
4. Business Phone No. 5. State of Incorporation 6. SIC Code
401 942-8318 **RHODE ISLAND** **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Pest control + Wildlife removal.

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

| | |
|--|--|
| President Name Robert Todisco I | Vice President Name Robert Todisco I |
| Street Address 1255 OAKLAWN AVENUE | Street Address 50 MORGAN AVENUE |
| City State Zip CRANSTON RI 02910 | City State Zip CRANSTON RI 02910 |
| Secretary Name DONNA TODISCO | Treasurer Name ROBERT TODISCO I |
| Street Address 1255 OAKLAWN AVE | Street Address 1255 OAKLAWN AVE |
| City State Zip CRANSTON RI 02910 | City State Zip CRANSTON RI 02910 |

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 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE. **NO PAR VALUE**

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



File Date: 3/14/00
Check No.: 1832
By: [Signature]

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.
Signature of Officer: [Signature] Date: _____
Print or Type Name of Officer: ROBERT J. TODISCO I
Title of Officer: PRESIDENT



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. **92967** 2 Name of Corporation **Pest Patrol Inc.**
3 Street Address Principal Business Office **50 MORGAN AVE** City **JOHNSTON** State **RI** Zip **02919**
4 Business Phone No. **401-942-8318** 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

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

| | |
|--|--|
| President Name Robert Todisco I | Vice President Name Robert Todisco I |
| Street Address 50 MORGAN AVENUE | Street Address 50 MORGAN AVENUE |
| City State Zip JOHNSTON RI 02919 | City State Zip JOHNSTON RI 02919 |
| Treasurer Name DONNA M. TODISCO | Treasurer Name DONNA M. TODISCO |
| Street Address 50 MORGAN AVENUE | Street Address 50 MORGAN AVENUE |
| City State Zip JOHNSTON RI 02919 | City State Zip JOHNSTON RI 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 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
0 NONE

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



* 9 2 9 6 7 *

File Date May 1, 1999
Check No. 1524
By: [Signature]

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.
Signature of Officer Robert J. Todisco I Date 2-25-99
Print or Type Name of Officer Robert J. Todisco I
Title of Officer PRESIDENT



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. **92967** 2. Name of Corporation **Pest Patrol Inc.**
3. Street Address Principal Business Office **50 MORGAN AVENUE** City **JOHNSTON** State **RI** Zip **02919-6744**
4. Business Phone No. **401 942-8318** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
PEST AND NUISANCE ANIMAL CONTROL, STRUCTURAL INSPECTION SERVICES

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

| | |
|---|---|
| President Name ROBERT JAMES TODISCO I | Vice President Name DONNA MARIE TODISCO |
| Street Address 50 MORGAN AVENUE | Street Address 50 MORGAN AVENUE |
| City State Zip JOHNSTON RI 02919 | City State Zip JOHNSTON RI 02919 |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

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

| | |
|------------------------------|------------------------------|
| 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 | NO PAR VALUE | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|---------------------|-----------|
| 0 | NO PAR VALUE | |

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



* 9 2 9 6 7 *

File Date: **2-6-98**
Check No.: **1175**
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.

[Signature] **1-8-98**
Signature of Officer Date
ROBERT JAMES TODISCO I
Print or Type Name of Officer
President
Title of Officer