



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**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|                                                                                                                                    |                    |                                                  |                                                                     |                    |                         |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------|---------------------------------------------------------------------|--------------------|-------------------------|
| 1. Corporate ID No.<br><b>6898</b>                                                                                                 |                    | 2. Name of Corporation<br><b>SHS CORP.</b>       |                                                                     |                    |                         |
| 3. Street Address Principal Business Office<br><b>PO Box 317 39 East Main Rd</b>                                                   |                    |                                                  | City<br><b>Portsmouth</b>                                           | State<br><b>RI</b> | Zip<br><b>02871</b>     |
| 4. Business Phone No.<br><b>401-849-0068</b>                                                                                       |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b> |                                                                     |                    | 6. SIC Code<br><b>0</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>PEST CONTROL SERVICE</b>                         |                    |                                                  |                                                                     |                    |                         |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |                                                  |                                                                     |                    |                         |
| President Name<br><b>Michele L. Eccles</b>                                                                                         |                    |                                                  | Vice President Name<br><b>Michele L. Eccles</b>                     |                    |                         |
| Street Address<br><b>PO Box 317 400 McCorrie Lane</b>                                                                              |                    |                                                  | Street Address<br><b>PO Box 317 400 McCorrie Lane</b>               |                    |                         |
| City<br><b>Portsmouth</b>                                                                                                          | State<br><b>RI</b> | Zip<br><b>02871</b>                              | City<br><b>Portsmouth</b>                                           | State<br><b>RI</b> | Zip<br><b>02871</b>     |
| Secretary Name<br><b>Ernest E. Nascimento</b>                                                                                      |                    |                                                  | Treasurer Name<br><b>Ernest E. Nascimento</b>                       |                    |                         |
| Street Address<br><b>PO Box 317 400 McCorrie Lane</b>                                                                              |                    |                                                  | Street Address<br><b>PO Box 317 400 McCorrie Lane</b>               |                    |                         |
| City<br><b>Portsmouth</b>                                                                                                          | State<br><b>RI</b> | Zip<br><b>02871</b>                              | City<br><b>Portsmouth</b>                                           | State<br><b>RI</b> | Zip<br><b>02871</b>     |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |                                                  |                                                                     |                    |                         |
| Director Name                                                                                                                      |                    |                                                  | 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) <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               |
| <b>600 NO PAR VALUE</b>                                                                                                            |                    |                                                  | <b>100</b>                                                          |                    |                         |
|                                                                                                                                    |                    |                                                  |                                                                     |                    |                         |

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



|                                 |                |
|---------------------------------|----------------|
| File Date                       | <b>1-13-05</b> |
| Check No.                       | <b>13773</b>   |
| By:                             | <b>Q</b>       |
| 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 **Ernest E. Nascimento** Date **1/12/05**  
Print or Type Name of Officer **ERNEST E. NASCIMENTO**  
Title of Officer **Treas.**



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.<br><b>6898</b>                                                                                                          |                    | 2. Name of Corporation<br><b>SHS CORP.</b>       |                    |                         |
| 3. Street Address Principal Business Office<br><b>PO Box 317 39 East Main Rd</b>                                                            |                    | City<br><b>Portsmouth,</b>                       | State<br><b>RI</b> | Zip<br><b>02871</b>     |
| 4. Business Phone No.<br><b>401-849-0068</b>                                                                                                |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b> |                    | 6. SIC Code<br><b>0</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>PEST CONTROL SERVICE</b>                                  |                    |                                                  |                    |                         |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS           |                    |                                                  |                    |                         |
| President Name<br><b>Michele L. Eccles</b>                                                                                                  |                    | Vice President Name<br><b>Michele L. Eccles</b>  |                    |                         |
| Street Address<br><b>PO Box 317 39 East Main Rd</b>                                                                                         |                    | Street Address                                   |                    |                         |
| City<br><b>Portsmouth</b>                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02871</b>                              | City               | State                   |
| Secretary Name<br><b>Ernest Nascimento</b>                                                                                                  |                    | Treasurer Name<br><b>Ernest Nascimento</b>       |                    |                         |
| Street Address<br><b>PO Box 317 39 East Main Rd</b>                                                                                         |                    | Street Address                                   |                    |                         |
| City<br><b>Portsmouth</b>                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02817</b>                              | City               | State                   |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS          |                    |                                                  |                    |                         |
| Director Name                                                                                                                               |                    | Director Name                                    |                    |                         |
| Street Address                                                                                                                              |                    | Street Address                                   |                    |                         |
| City                                                                                                                                        | State              | Zip                                              | City               | State                   |
| Director Name                                                                                                                               |                    | Director Name                                    |                    |                         |
| Street Address                                                                                                                              |                    | Street Address                                   |                    |                         |
| City                                                                                                                                        | State              | Zip                                              | City               | State                   |
| 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            |
| <b>600 NO PAR VALUE</b>                                                                                                                     |                    |                                                  | <b>100</b>         |                         |

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



\* 6 8 9 8 \*

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>2/24/04</b>     |
| Check No.                       | <b>13043</b>       |
| By:                             | <b>[Signature]</b> |
| 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.

**Ernest E Nascimento** **Feb 23-04**  
Signature of Officer Date  
**ERNEST E NASCIMENTO**  
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. 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.

6898

2. Name of Corporation

SHS CORP.

3. Street Address Principal Business Office

39 East Main Rd.

4. Business Phone No.

401-849-0068

5. State of Incorporation

RHODE ISLAND

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

PEST CONTROL SERVICE

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Michele L. Eccles

Street Address

PO Box 317 400 McCorrie Lane

City

State

Zip

Portsmouth, RI 02871

Secretary Name

Ernest E. Nascimento

Street Address

PO Box 317 400 McCorrie Lane

City

State

Zip

Portsmouth, RI 02871

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Vice President Name

Michele L. Eccles

Street Address

PO Box 317 400 McCorrie Lane

City

State

Zip

Portsmouth, RI 02871

Treasurer Name

Ernest E. Nascimento

Street Address

PO Box 317 400 McCorrie Lane

City

State

Zip

Portsmouth, RI 02871

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

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



\* 6 8 9 8 \*

File Date: 2/25/03

Check No.: 12286

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] 1-24-03  
Signature of Officer Date

ERNEST E NASCIMENTO  
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. 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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

6898

sHs Corp

3. Street Address Principal Business Office

PO Box 317 39 East Main Rd

City

Portsmouth

State

RI

Zip

02871

4. Business Phone No.

5. State of Incorporation

401-849-0068

Rhode Island

6. SIC Code

0

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

PEST CONTROL SERVICE

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Michele L. Eccles

Michele L. Eccles

Street Address

Street Address

PO Box 317 400 McCorrie Lane

PO Box 317 400 McCorrie Lane

City State Zip

City State Zip

Portsmouth

RI

02871

Portsmouth

RI

02871

Secretary Name

Treasurer Name

Ernest Nascimento

Ernest Nascimento

Street Address

Street Address

PO Box 317 400 McCorrie Lane

PO Box 317 400 McCorrie Lane

City State Zip

City State Zip

Portsmouth

RI

02871

Portsmouth

RI

02871

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares Class/Series Par Value

Number of Shares Class/Series Par Value

600 sHs "No Par Val"

100

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

FILED

20. AUG 05 1 05 PM '02

File Date: AUG 05 2002

Check No.: By CAM 28879

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.

Ernest Nascimento 8-1-02  
Signature of Officer Date

ERNEST NASCIMENTO  
Print or Type Name of Officer

SECRETARY TREASURER  
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. 2. Name of Corporation

6898

SHS CORP.

3. Street Address Principal Business Office

PO BOX 317 39 EAST MAIN ROAD

City

PORTSMOUTH

State

RI

Zip

02871

4. Business Phone No.

401-849-0068

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

PEST CONTROL SERVICE

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

President Name

MICHELE L ECCLES

Vice President Name

MICHELE L ECCLES

Street Address

PO BOX 317 400 MC CORRIE LANE

Street Address

PO BOX 317

City

PORTSMOUTH

State

RI

Zip

02871

City

PORTSMOUTH

State

RI

Zip

02871

Secretary Name

ERNEST NASCIMENTO

Treasurer Name

ERNEST NASCIMENTO

Street Address

PO BOX 317 400 MC CORRIE LANE

Street Address

PO BOX 317 400 MC CORRIE LANE

City

PORTSMOUTH

State

RI

Zip

02871

City

PORTSMOUTH

State

RI

Zip

02871

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

Director Name

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VAL

100

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



\* 6 8 9 8 \*

File Date: 4-2-01

Check No.: 10886

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] 3-30-01  
Signature of Officer Date

ERNEST E NASCIMENTO  
Print or Type Name of Officer

SEC/TRES  
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. **6898** 2. Name of Corporation **SHS CORP.**

3. Street Address Principal Business Office

**PO BOX 317 39 EAST MAIN ROAD**

City

**PORTSMOUTH**

State

**RI**

Zip

**02871**

4. Business Phone No.

**401-849-0068**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code

**2618**

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

**Resendatual Peggt Control Services**

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

President Name

**MICHELE L ECCLES**

Vice President Name

**MICHELE L ECCLES**

Street Address

**PO BOX 317**

Street Address

**PO BOX 317**

City

**PORTSMOUTH RI**

Zip

**902871**

City

**PORTSMOUTH**

State

**RI**

Zip

**02871**

Secretary Name

**ERNESTINASCIMENTO**

Treasurer Name

**ERNEST NASCIMENTO**

Street Address

**PO BOX 317**

Street Address

**PO BOX 317**

City

**PORTSMOUTH RI**

Zip

**02871**

City

**PORTSMOUTH**

State

**RI**

Zip

**02871**

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

Director Name

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

**600 SHS NO PAR VAL**

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

ISSUED SHARES

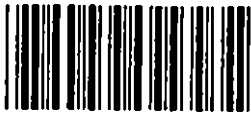
Number of Shares

Class/Series

Par Value

**100**

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



\* 6 8 9 8 \*

File Date: 2/8/00

Check No.: 9996

By: Cc

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.

Ernest E Nascimento 2/7/00  
Signature of Officer Date

ERNEST E NASCIMENTO  
Print or Type Name of Officer

Secretary  
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. <b>6898</b>                                                                                 |                                  | 2. Name of Corporation <b>SHS CORP.</b>                          |                                  |
| 3. Street Address Principal Business Office<br><b>400 McCorrie Lane, P.O. Box 317</b>                           |                                  | City <b>Portsmouth</b>                                           | State <b>RI</b> Zip <b>02871</b> |
| 4. Business Phone No. <b>401-683-9185</b>                                                                       |                                  | 5. State of Incorporation <b>RHODE ISLAND</b>                    |                                  |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>Pest Control</b>              |                                  |                                                                  |                                  |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>  |                                  |                                                                  |                                  |
| President Name<br><b>Michelle Eccles</b>                                                                        |                                  | Vice-President Name <b>TREASURER</b><br><b>Ernest Nascimento</b> |                                  |
| Street Address<br><b>400 McCorrie Lane</b>                                                                      |                                  | Street Address<br><b>400 McCorrie Lane</b>                       |                                  |
| City <b>Portsmouth</b>                                                                                          | State <b>RI</b> Zip <b>02871</b> | City <b>Portsmouth</b>                                           | State <b>RI</b> Zip <b>02871</b> |
| Secretary Name<br><b>Ernest Nascimento</b>                                                                      |                                  | Treasurer Name <b>VICE PRESIDENT</b><br><b>Michelle Eccles</b>   |                                  |
| Street Address<br><b>400 McCorrie Lane</b>                                                                      |                                  | Street Address<br><b>400 McCorrie Lane</b>                       |                                  |
| City <b>Portsmouth</b>                                                                                          | State <b>RI</b> Zip <b>02871</b> | City <b>Portsmouth</b>                                           | State <b>RI</b> Zip <b>02871</b> |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b> |                                  |                                                                  |                                  |
| Director Name                                                                                                   |                                  | 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                                                        |                                  |
| <b>600 SHS NO PAR VAL</b>                                                                                       |                                  |                                                                  |                                  |
| 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)                                                                      |                                  |                                                                  |                                  |
| ISSUED SHARES                                                                                                   |                                  |                                                                  |                                  |
| Number of Shares                                                                                                | Class/Series                     | Par Value                                                        |                                  |
| <b>100</b>                                                                                                      | <b>Common</b>                    | <b>No Par</b>                                                    |                                  |

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



\* 6 8 9 8 \*

File Date: Mar 8, 99  
Check No.: 9307  
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.

Michelle L. Eccles  
Signature of Officer Date  
**Michelle Eccles**  
Print or Type Name of Officer  
**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. 2. Name of Corporation

3. Street Address Principal Business Office **SHS CORP.**  
**400 MCCORRIE LANE**

City **PORTSMOUTH**

State **RI**

Zip **02871**

4. Business Phone No.

5. State of Incorporation

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island **PEST EXTERMINATION**  
**RHODE ISLAND**

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

President Name **ERNEST E NASCIMENTO**

Vice President Name **ERNEST E NASCIMENTO**

Street Address **400 MCCORRIE LANE**

Street Address **400 MCCORRIE LANE**

City **PORTSMOUTH** State **RI** Zip **02871**

City **PORTSMOUTH** State **RI** Zip **02871**

Secretary Name

Treasurer Name

Street Address **ERNEST E NASCIMENTO**

Street Address **ERNEST E NASCIMENTO**

City **400 MCCORRIE LANE** State **RI** Zip **02871**

City **400 MCCORRIE LANE** State **RI** Zip **02871**

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

Director Name

Director Name

Street Address **NONE**

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

**600 SHS NO PAR VAL**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**100 COMMON no**

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



File Date: **2.18.98**

Check No.: **8595**

By: **UP**

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 **Ernest E Nascimento** Date **2/17/98**

Print or Type Name of Officer **ERNEST E NASCIMENTO**

Title of Officer **PRES**



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.<br><b>6898</b>                                                                       |                    | 2. Name of Corporation<br><b>SHS CORP.</b>                   |                            |
| 3. Street Address Principal Business Office<br><b>400 McCorrie Lane, P.O. Box 317</b>                    |                    | City<br><b>Portsmouth</b>                                    | State<br><b>RI</b>         |
| 4. Business Phone No.<br><b>401-849-0068</b>                                                             |                    | Zip<br><b>02871</b>                                          | 6. SIC Code<br><b>8888</b> |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>                                                         |                    |                                                              |                            |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>Pest extermination</b> |                    |                                                              |                            |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)                                          |                    |                                                              |                            |
| President Name<br><b>Ernest Nascimento</b>                                                               |                    | Vice President Name<br><b>Ernest Nascimento</b>              |                            |
| Street Address<br><b>400 McCorrie Lane, Portsmouth, R.I.</b>                                             |                    | Street Address<br><b>400 McCorrie Lane, Portsmouth, R.I.</b> |                            |
| City<br><b>Portsmouth</b>                                                                                | State<br><b>RI</b> | City<br><b>Portsmouth</b>                                    | State<br><b>RI</b>         |
| Zip<br><b>02871</b>                                                                                      |                    | Zip<br><b>02871</b>                                          |                            |
| Secretary Name<br><b>Ernest Nascimento</b>                                                               |                    | Treasurer Name<br><b>Ernest Nascimento</b>                   |                            |
| Street Address<br><b>400 McCorrie Lane</b>                                                               |                    | Street Address<br><b>400 McCorrie Lane</b>                   |                            |
| City<br><b>Portsmouth</b>                                                                                | State<br><b>RI</b> | City<br><b>Portsmouth</b>                                    | State<br><b>RI</b>         |
| Zip<br><b>02871</b>                                                                                      |                    | Zip<br><b>02871</b>                                          |                            |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)                                         |                    |                                                              |                            |
| Director Name<br><b>NONE</b>                                                                             |                    | Director Name                                                |                            |
| Street Address                                                                                           |                    | Street Address                                               |                            |
| City                                                                                                     | State              | City                                                         | State                      |
| Zip                                                                                                      |                    | Zip                                                          |                            |
| Director Name                                                                                            |                    | Director Name                                                |                            |
| Street Address                                                                                           |                    | Street Address                                               |                            |
| City                                                                                                     | State              | City                                                         | State                      |
| Zip                                                                                                      |                    | Zip                                                          |                            |
| 10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)                                                |                    |                                                              |                            |
| AUTHORIZED SHARES                                                                                        |                    | ISSUED SHARES                                                |                            |
| Number of Shares                                                                                         | Class/Series       | Number of Shares                                             | Class/Series               |
| <b>600 SHS NO PAR VAL</b>                                                                                |                    | <b>100</b>                                                   | <b>COMMON</b>              |
|                                                                                                          |                    |                                                              | <b>NO</b>                  |

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



\* 6 8 9 8 \*

File Date: **35-97**  
**1998**  
Check No.: **UP**  
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.

Signature of Officer: **Ernest E Nascimento** Date: **11/17/97**  
Print or Type Name of Officer: **ERNEST E NASCIMENTO**  
Title of Officer: **PRES**

# 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. 6898 2. NAME OF CORPORATION SHS CORP.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1350 ANTHONY RD PO BOX 317 CITY PORTSMOUTH STATE RI ZIP CODE 02871

4. BUSINESS PHONE NO. 401 683-9185 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 8888

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
PEST EXTERMINATION

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME ERNEST NASCIMENTO VICE PRESIDENT NAME ERNEST NASCIMENTO

STREET ADDRESS 1350 ANTHONY RD PORTSMOUTH RI CITY PORTSMOUTH STATE RI ZIP CODE 02871

SECRETARY NAME ERNEST NASCIMENTO TREASURER NAME ERNEST NASCIMENTO

STREET ADDRESS 1350 ANTHONY RD CITY PORTSMOUTH STATE RI ZIP CODE 02871

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME NONE

STREET ADDRESS NONE

CITY NONE STATE NONE ZIP CODE NONE

10. SHARES AUTHORIZED AND ISSUED

| AUTHORIZED SHARES  |                |           | ISSUED SHARES    |                |           |
|--------------------|----------------|-----------|------------------|----------------|-----------|
| NUMBER OF SHARES   | CLASS / SERIES | PAR VALUE | NUMBER OF SHARES | CLASS / SERIES | PAR VALUE |
| 600 SHS NO PAR VAL |                |           | 100              | COMMON         | NO        |
|                    |                |           |                  |                |           |
|                    |                |           |                  |                |           |

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.

*Ernest E. Nascimento*  
Signature of Officer

ERNEST E NASCIMENTO  
Print or Type Name of Officer

Pres  
Title of Officer

File Date: 3/26/96

Check No: 7274

By: *[Signature]*  
For Secretary of State Use Only

Date



**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: 0006898

Annual Report for the year: 1995

Name of Corporation: BHS CORP.

Business entity organized under the laws of the State of: RI

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

Phone: (401) 683-9185

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1350 Anthony Rd  
Portsmouth, RI 02871

Phone: ( )

Business Entity is (check one):

☒ 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:

Ernest Nascimento President

1350 Anthony Rd  
Portsmouth RI 02871

Pest extermination

**THE NAMES OF THE OFFICERS ARE:**

|                | NAME              | STREET ADDRESS                 | CITY/STATE | ZIP CODE |
|----------------|-------------------|--------------------------------|------------|----------|
| PRESIDENT      | Ernest Nascimento | 1350 Anthony Rd Portsmouth, RI | 02871      |          |
| VICE PRESIDENT | Ernest Nascimento | 1350 Anthony Rd Portsmouth, RI | 02871      |          |
| SECRETARY      | Ernest Nascimento | 1350 Anthony Rd Portsmouth, RI | 02871      |          |
| TREASURER      | Ernest Nascimento | 1350 Anthony Rd Portsmouth, RI | 02871      |          |

**THE NAMES OF THE DIRECTORS ARE:**

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

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

600 Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series FEB 1 / 1995

100 Common By (CPH 3) & SGA

Date FEB 16, 1995

By: Ernest E Nascimento

Form 31 1/95

PRINT OR TYPE NAME OF OFFICER SIGNING

Ernest Nascimento

TITLE OF OFFICER SIGNING

President

**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.

ERNEST NASCIMENTO  
1350 ANTHONY RD.,  
PORTSMOUTH RI 02871

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC Sept 1 - Nov. 1  
CORP Jan 1 - March 1

Corporate ID: 0006898 Annual Report for the year: 1994

Name of Business Entity: SHS CORP.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number

For foreign entity, address and telephone number of principal office

Phone ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box).

1355 Anthony Road  
Portsmouth, RI 02871

Phone (401) 683-9185

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Ernest Nascimento, President  
1355 Anthony Road  
Portsmouth, RI 02871

Brief statement of the character of business conducted in Rhode Island  
pest extermination

Date of Organization: 1984 8/4/80 (ccn)

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

| NAME                                                                                                                          | STREET ADDRESS                    | CITY/STATE | ZIP CODE |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------|----------|
| <input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (See RIGL 7-1.1) |                                   |            |          |
| Ernest Nascimento                                                                                                             | 1355 Anthony Road, Portsmouth, RI | 02871      |          |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> VICE PRESIDENT (See RIGL 7-1.1)                  |                                   |            |          |
| Ernest Nascimento                                                                                                             | 1355 Anthony Road, Portsmouth, RI | 02871      |          |
| <input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (See RIGL 7-1.1)               |                                   |            |          |
| Ernest Nascimento                                                                                                             | 1355 Anthony Road, Portsmouth, RI | 02871      |          |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (See RIGL 7-1.1)            |                                   |            |          |
| Ernest Nascimento                                                                                                             | 1355 Anthony Road, Portsmouth, RI | 02871      |          |

THE NAMES OF THE DIRECTORS ARE:

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

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS COMMON

SERIES

PAR VALUE OR WITHOUT PAR WITHOUT

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS COMMON

SERIES

PAR VALUE OR WITHOUT PAR WITHOUT

Date 1994

By Ernest E Nascimento Per

Ernest Nascimento  
PRINT OR TYPE NAME OF OFFICER SIGNING

President  
TITLE OF OFFICER SIGNING

Form 31 194

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form 11C-3 must be filed

ERNEST NASCIMENTO  
1355 ANTHONY RD.,  
PORTSMOUTH RI 02871

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

PLP 5435

Corporate ID: 0025033 Annual Report for the year 1993

FIRST: The name of the corporation is SHS CORP

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is pest control and extermination and any and all acts in furtherance thereof incidental thereto

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 1350 Anthony Rd Portsmouth, R.I. 02871

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

Name Office Address (including number, street, zip code)

Director

Director

Director

Ernest Nascimento

President

PO Box 317, Portsmouth, R.I. 02871

Ernest Nascimento

Vice President

PO Box 317 Portsmouth, R.I. 02871

Ernest Nascimento

Secretary

PO Box 317, Portsmouth, R.I. 02871

Ernest Nascimento

Treasurer

PO Box 317, Portsmouth, R.I. 02871

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

Common

No Par Value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

Common

No Par Value

Dated 3/1/93

SHS Corp

(Name of Corporation)

By

Ernest Nascimento

Title

President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

4910

Corporate ID 0006888 Annual Report for the year 1992

FIRST: The name of the corporation is SHS CORP

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is pest extermination

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1355 Anthony Road PO Box 317  
Portsmouth, RI 02871

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

| Name              | Office         | Address (including number, street, zip code) |
|-------------------|----------------|----------------------------------------------|
|                   | Director       |                                              |
|                   | Director       |                                              |
|                   | Director       |                                              |
| Ernest Nascimento | President      | 1355 Anthony Road, Portsmouth, RI 02871      |
| Ernest Nascimento | Vice President | 1355 Anthony Road, Portsmouth, RI 02871      |
| Ernest Nascimento | Secretary      | 1355 Anthony Road, Portsmouth, RI 02871      |
| Ernest Nascimento | Treasurer      | 1355 Anthony Road, Portsmouth, RI 02871      |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  |
|---------------|--------|
| 600           | Common |

Series  
**PAID**

MAR 02 1992

Par Value  
or statement that  
shares are without  
par value  
**No Par Value**

EIGHTH: Number of Shares issued:

| No. of Shares | Class  |
|---------------|--------|
| 100           | Common |

SEC'Y OF STATE

Par Value  
or statement that  
shares are without  
par value  
**No Par Value**

Dated 2/28 19 92

SHS CORPORATION  
(Name of Corporation)

By Ernest E. Nascimento

Title Pres

(Report must be signed by an officer)

Filing Fee \$50.00

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.....0006888..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....SHS CORP.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....pest extermination.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....1355 Anthony Road.....  
Portsmouth, RI 02871

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

| Name              | Office         | Address (including number, street, zip code) |
|-------------------|----------------|----------------------------------------------|
| .....             | Director       | .....                                        |
| .....             | Director       | .....                                        |
| .....             | Director       | .....                                        |
| Ernest Nascimento | President      | 1355 Anthony Road, Portsmouth, RI 02871      |
| Ernest Nascimento | Vice President | 1355 Anthony Road, Portsmouth, RI 02871      |
| Ernest Nascimento | Secretary      | 1355 Anthony Road, Portsmouth, RI 02871      |
| Ernest Nascimento | Treasurer      | 1355 Anthony Road, Portsmouth, RI 02871      |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | Common |        | NO PAR VALUE                                                      |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 100           | Common |        | NO PAR VALUE                                                      |

Dated JAN 30 1991

SHS CORPORATION  
(Name of Corporation)

By Ernest E Nascimento

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

27

Corporate ID 0006898 Annual Report for the year 1990

FIRST: The name of the corporation is SHS CORP

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is pest control and extermination and any and all acts in furtherance thereof incidental thereto.

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 1350 Anthony Road, Portsmouth, RI 02871

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

| Name              | Office         | Address (including number, street, zip code) |
|-------------------|----------------|----------------------------------------------|
|                   | Director       |                                              |
|                   | Director       |                                              |
|                   | Director       |                                              |
| Ernest Nascimento | President      | PO Box 317, Portsmouth, RI 02837             |
| Ernest Nascimento | Vice President | PO Box 317, Portsmouth, RI 02837             |
| Ernest Nascimento | Secretary      | PO Box 317, Portsmouth, RI 02837             |
| Ernest Nascimento | Treasurer      | PO Box 317, Portsmouth, RI 02837             |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|----------------------------------------------------------|
| 600           | Common |        | No Par Value                                             |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|----------------------------------------------------------|
| 100           | Common |        | No Par Value                                             |

Dated 2/23 19 90

SHS CORP.

(Name of Corporation)

By

Ernest E. Nascimento Pres

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

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 6898

Annual Report for the year 1989

FIRST: The name of the corporation is SHS CORP.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is pest control and extermination and any and all acts in furtherance thereof incidental thereto.

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 1350 Anthony Road, Portsmouth, RI 02871

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

| Name              | Office         | Address (including number, street, zip code) |
|-------------------|----------------|----------------------------------------------|
| Ernest Nascimento | Director       | PO Box 317, Portsmouth, RI 02871             |
|                   | Director       |                                              |
|                   | Director       |                                              |
| Ernest Nascimento | President      | PO Box 317, Portsmouth, RI 02871             |
| Ernest Nascimento | Vice President | PO Box 317, Portsmouth, RI 02871             |
| Ernest Nascimento | Secretary      | PO Box 317, Portsmouth, RI 02871             |
| Ernest Nascimento | Treasurer      | PO Box 317, Portsmouth, RI 02871             |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | Common |        | No Par Value                                                      |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 100           | Common |        | No Par Value                                                      |

Dated 2/23 1989

SHS CORP.

(Name of Corporation)

By



Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 6898

Annual Report for the year 1988

FIRST: The name of the corporation is SHS CORP.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is pest control and extermination  
and any and all acts in furtherance thereof incidental thereto.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 1350 Anthony Road, Portsmouth, RI

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

| Name              | Office         | Address (including number, street, zip code) |
|-------------------|----------------|----------------------------------------------|
| Ernest Nascimento | Director       | P.O. Box 317, Portsmouth, RI 02871           |
|                   | Director       |                                              |
|                   | Director       |                                              |
| Ernest Nascimento | President      | P.O. Box 317, Portsmouth, RI 02871           |
| Ernest Nascimento | Vice President | P.O. Box 317, Portsmouth, RI 02871           |
| Ernest Nascimento | Secretary      | P.O. Box 317, Portsmouth, RI 02871           |
| Ernest Nascimento | Treasurer      | P.O. Box 317, Portsmouth, RI 02871           |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | common |        | no par value                                                      |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 100           | common |        | no par value                                                      |

Dated January 19 88

SHS CORP.  
(Name of Corporation)

By Ernest Nascimento  
Ernest Nascimento  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 6898

Annual Report for the year 1987

FIRST: The name of the corporation is SHS CORP.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is pest control and extermination  
and any and all acts in furtherance thereof or incidental thereto.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Ernest Nascimento Director 1350 Anthony Rd., Portsmouth, RI 02871

Director

Director

Ernest Nascimento President 1350 Anthony Rd., Portsmouth, RI 02871

Ernest Nascimento Vice President 1350 Anthony Rd., Portsmouth, RI 02871

Ernest Nascimento Secretary 1350 Anthony Rd., Portsmouth, RI 02871

Ernest Nascimento Treasurer 1350 Anthony Rd., Portsmouth, RI 02871

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

common

PAID

MAR 2 1987

no par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

common

no par value

JUN 9 1987

Dated February 19 87

SHS CORP.

(Name of Corporation)

By

Ernest Nascimento Pres

Ernest Nascimento

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 6898 Annual Report for the year 1986

FIRST: The name of the corporation is SHS CORP.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to hold, own, rent, mortgage and generally invest in and deal with real estate of every name, nature and description, and to do any acts incidental thereto or in furtherance thereof, and in general, to do any act allowed by R.I. General Laws of 1956.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1350 Anthony Road, Portsmouth, RI 02871

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

| Name              | Office         | Address (including number, street, zip code) |
|-------------------|----------------|----------------------------------------------|
| Ernest Nascimento | Director       | 1350 Anthony Rd., Portsmouth, RI 02871       |
|                   | Director       |                                              |
|                   | Director       |                                              |
| Ernest Nascimento | President      | 1350 Anthony Rd., Portsmouth, RI 02871       |
| Ernest Nascimento | Vice President | 1350 Anthony Rd., Portsmouth, RI 02871       |
| Ernest Nascimento | Secretary      | 1350 Anthony Rd., Portsmouth, RI 02871       |
| Ernest Nascimento | Treasurer      | 1350 Anthony Rd., Portsmouth, RI 02871       |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|----------------------------------------------------------|
| 600           | common |        | no par                                                   |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|----------------------------------------------------------|
| 100           | common |        | no par                                                   |

Dated January 13, 19 86

(Report must be signed by an officer)

01/17/86 PAID  
FEB 18 1986  
SHS CORP.  
Name of Corporation)  
By Ernest Nascimento  
Title President

Filing fee: \$15.00

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

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1985

FIRST: The name of the corporation is

SHS CORP.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is extermination

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1350 Anthony Road, Portsmouth, RI 02871

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name              | Office         | Address                                |
|-------------------|----------------|----------------------------------------|
| Ernest Nascimento | Director       | 1350 Anthony Rd., Portsmouth, RI 02871 |
|                   | Director       |                                        |
|                   | Director       |                                        |
| Ernest Nascimento | President      | 1350 Anthony Rd., Portsmouth, RI 02871 |
| Ernest Nascimento | Vice President | 1350 Anthony Rd., Portsmouth, RI 02871 |
| Ernest Nascimento | Secretary      | 1350 Anthony Rd., Portsmouth, RI 02871 |
| Ernest Nascimento | Treasurer      | 1350 Anthony Rd., Portsmouth, RI 02871 |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | Common |        | No Par                                                            |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 100           | Common |        | No Par                                                            |

Dated: March 12, 1985

SHS CORP.  
(Name of Corporation)

1985

By

Ernest Nascimento

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1984

FIRST: The name of the corporation is SHS CORP.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is extermination

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 63 Sockanosset Cross Road, Cranston, RI 02920

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name              | Office         | Address                           |
|-------------------|----------------|-----------------------------------|
|                   | Director       |                                   |
|                   | Director       |                                   |
|                   | Director       |                                   |
| Ernest Nascimento | President      | 1350 Anthony Road, Portsmouth, RI |
|                   | Vice President |                                   |
| " "               | Secretary      | " " "                             |
| " "               | Treasurer      | " " "                             |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | Common |        | no par value                                                      |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 100           | Common |        | no par value                                                      |

Dated: April 19 84

SHS CORP.  
(Name of Corporation)

By *Ernest C. Nascimento*  
Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1984

FIRST: The name of the corporation is SHS CORP.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is extermination

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 63 Sockanosset Cross Road, Cranston, RI 02920

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name              | Office         | Address                           |
|-------------------|----------------|-----------------------------------|
|                   | Director       |                                   |
|                   | Director       |                                   |
|                   | Director       |                                   |
| Ernest Nascimento | President      | 1350 Anthony Road, Portsmouth, RI |
|                   | Vice President |                                   |
|                   | Secretary      |                                   |
|                   | Treasurer      |                                   |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 500           | Common |        | no par value                                                      |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 100           | Common |        | no par value                                                      |

Dated: April 19 84

SHS CORP.  
(Name of Corporation)

By *Ernest Nascimento*

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1983

FIRST: The name of the corporation is SHS CORP.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is extermination

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 63 Sockanosset Cross Road, Cranston, RI 02920

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name              | Office         | Address                           |
|-------------------|----------------|-----------------------------------|
|                   | Director       |                                   |
|                   | Director       |                                   |
|                   | Director       |                                   |
| Ernest Nascimento | President      | 1355 Anthony Road, Portsmouth, RI |
|                   | Vice President |                                   |
| "                 | Secretary      | " " "                             |
| "                 | Treasurer      | " " "                             |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | Common |        | no par value                                                      |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 100           | Common | 3      | no par value                                                      |

Dated: 2/22 19 83

SHS CORP.

(Name of Corporation)

By

*Ernest F. Nascimento*

Title President

(Report must be signed by an officer)

MAR 11 1983

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If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1982

FIRST: The name of the corporation is SHS CORP.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is extermination

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 63 Sockanossit Cross Road, Cranston, RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name              | Office         | Address                           |
|-------------------|----------------|-----------------------------------|
|                   | Director       |                                   |
|                   | Director       |                                   |
|                   | Director       |                                   |
| Ernest Nascimento | President      | 1355 Anthony Road, Portsmouth, RI |
|                   | Vice President |                                   |
| "                 | Secretary      | " " " " "                         |
| "                 | Treasurer      | " " " " "                         |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | common |        | no par value                                                      |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 100           | common |        | no par value                                                      |

Dated: Feb 4 19 82

SHS CORP.

(Name of Corporation)

By Ernest Nascimento

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

# State of Rhode Island and Providence Plantations

## OFFICE OF THE SECRETARY OF STATE

### ANNUAL REPORT

#### OF

SHS CORP.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is SHS CORP.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
63 Sockanosset Cross Road, Cranston, RI 02920

and the name of its registered agent in Rhode Island at such address is  
Alan T. Dworkin

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is to engage in business of commercial, non-commercial and residential pest, insect, rodent, termite control, fumigation, and every aspect thereof including consultations, inspections and appraisals and all acts in furtherance thereof or incidental thereto.

SIXTH: The names and respective addresses of its directors and officers are:

| Name              | Office         | Address                             |
|-------------------|----------------|-------------------------------------|
|                   | Director       |                                     |
|                   | Director       |                                     |
|                   | Director       |                                     |
|                   | Director       |                                     |
|                   | Director       |                                     |
|                   | Director       |                                     |
| Ernest Nascimento | President      | 1355 Anthony Road, Portsmouth, R.I. |
|                   | Vice President |                                     |
| Ernest Nascimento | Secretary      | " "                                 |
| Ernest Nascimento | Treasurer      | " "                                 |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of<br>Shares | Class  | Series | Par Value per Share<br>or Statement that<br>Shares are without<br>Par Value |
|---------------------|--------|--------|-----------------------------------------------------------------------------|
| 600                 | common |        | no par value                                                                |

OCT 13 1968

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of<br/>Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share<br/>or Statement that<br/>Shares are without<br/>Par Value</u> |
|-----------------------------|--------------|---------------|---------------------------------------------------------------------------------------|
| 100                         | common       |               | no par value                                                                          |

Dated 10/5, 19 81

SHS CORP.

(NAME OF CORPORATION)

By Ernest E. Rosemeade  
Its President