

#### 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

-101.222.3010

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_ Filling Period: January 1 - March 1 • Filling Fee: \$50.00

2005

1. Corporate ID No. 6898	2. Name of Corpor				
	SHS CORP.	·	<del></del>		
3 Street Address Principal Business	_		City	State	Zιp
PO Box 317  4. Business Phone No.	39 East		Portsmouth	RI_	02871
		5 State of Incorporat			6. SIG Code
401-849-0068		RHODE ISLA	ND		0
7. Brief Description of the Character PEST CONTROL SERV	ICE	d in Rhode Island			
8. NAMES AND ADDRESSE	S OF THE OFFICE	FRS. ("Y" BOV FOR A	TTACHAENT)		
President Name		MO. ( A DOX FOR A	Vice President Name	SPACES BEFORE USI	NG ATTACHMENTS
Michele L. H	Eccles		Michele L. Ec	cles	
Street Address			Street Address	<del></del>	
PO Box 317	400 McCo	rrie Lane		400 McCorrie	e Lane
Cuy	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871
Secretary Name	· • <del>• • • • • • • • • • • • • • • • • •</del>	**************************************	: Treasurer Name	······J·······	
Ernest E. Na	ascimento		Ernest E. Nas	cimento	
Street Address			Street Address	<u> </u>	
PO Box 317 400 McCorrie Lane			PO Box 317	400 McCorri	e Lane
Tity	State	Zip	City	State	7.4ρ
Portsmouth	RI	02871	Portsmouth	RI	02871
Portsmouth Portsmouth NAMES AND ADDRESSES Director Name	RI	02871	Portsmouth  ATTACHMENT)   FILL IN  Director Name		02871
Portsmouth NAMES AND ADDRESSES	RI	02871	Portsmouth  ATTACHMENT)   FILL IN	RI	02871
Portsmouth Portsmouth NAMES AND ADDRESSES Director Name	RI	02871	Portsmouth  ATTACHMENT)   FILL IN  Director Name	RI	02871
Portsmouth  NAMES AND ADDRESSES  Director Name  Street Address	RI S OF THE DIREC	02871 TORS: (*X* BOX FOR	Portsmouth  ATTACHMENT)   FILL IN  Director Name  Street Address	RI SPACES BEFORE US	02871 SING ATTACHMENTS
Portsmouth  NAMES AND ADDRESSES  Director Name  Street Address	RI S OF THE DIREC	02871 TORS: (*X* BOX FOR	Portsmouth  ATTACHMENT)   FILL IN  Director Name  Street Address	RI SPACES BEFORE US	02871 SING ATTACHMENTS
Portsmouth  NAMES AND ADDRESSES  Director Name  Street Address	RI S OF THE DIREC	02871 TORS: (*X* BOX FOR	PORTSMOUTH  ATTACHMENT)   FILL IN  Director Name  Street Address  City  Director Name	RI SPACES BEFORE US	02871 SING ATTACHMENTS
Portsmouth  Portsmouth  NAMES AND ADDRESSES  Director Name  Street Address  Tity  Director Name	RI S OF THE DIREC	02871 TORS: (*X* BOX FOR	Portsmouth  ATTACHMENT)   FILL IN  Director Name  Street Address	RI SPACES BEFORE US	02871 SING ATTACHMENTS
Portsmouth  Portsmouth  NAMES AND ADDRESSES  Director Name  Street Address  Tity  Director Name	RI S OF THE DIREC	02871 TORS: (*X* BOX FOR	PORTSMOUTH  ATTACHMENT)   FILL IN  Director Name  Street Address  City  Director Name	RI SPACES BEFORE US	02871 SING ATTACHMENTS
Portsmouth  NAMES AND ADDRESSES  Director Name  Street Address  City  Director Name  Street Address	RI SOF THE DIRECT	02871 TORS: ("X" BOX FOR	PORTSMOUTH ATTACHMENT)   FILL IN Director Name  Street Address  Director Name  Street Address	RI SPACES BEFORE US	02871 SING ATTACHMENTS
Portsmouth  Portsmouth  NAMES AND ADDRESSES  Director Name  Street Address  City  Orector Name  Street Address  City  O. SHARES AUTHORIZED	RI SOF THE DIRECT	02871 TORS: ("X" BOX FOR	PORTSMOUTH ATTACHMENT)   FILL IN Director Name  Street Address  City  Director Name  Street Address  City	RI SPACES BEFORE US  State  State	O 2871 SING ATTACHMENTS  Zip
Portsmouth  Portsmouth  NAMES AND ADDRESSES  Director Name  Street Address  City  Orector Name  Street Address  City  O. SHARES AUTHORIZED  AUTHORIZED SHARES	RI SOF THE DIRECT	02871 TORS: ("X" BOX FOR	PORTSMOUTH ATTACHMENT)   FILL IN Director Name  Street Address  Director Name  Street Address	RI SPACES BEFORE US  State  State	O 2871 SING ATTACHMENTS  Zip
Portsmouth  Portsmouth  NAMES AND ADDRESSES  Director Name  Street Address  City  Orector Name  Street Address  City  O. SHARES AUTHORIZED	RI SOF THE DIRECT	02871 TORS: ("X" BOX FOR	PORTSMOUTH ATTACHMENT)   FILL IN Director Name  Street Address  City  City  11. SHARES ISSUED (**)	RI SPACES BEFORE US  State  State	O 2871 SING ATTACHMENTS  Zip
Portsmouth  Portsmouth  NAMES AND ADDRESSES  Director Name  Street Address  City  Orector Name  Street Address  City  O. SHARES AUTHORIZED  AUTHORIZED SHARES	State  State  State  ("X" BOX FOR A	02871 TORS: ("X" BOX FOR   Zip	PORTSMOUTH ATTACHMENT)   FILL IN Director Name  Street Address  City  City  11. SHARES ISSUED (*) ISSUED SHARES	RI SPACES BEFORE US  State  State	02871 SING ATTACHMENTS   Zip   Zip
Portsmouth D. NAMES AND ADDRESSES Director Name Street Address Tity Director Name Street Address Tity O. SHARES AUTHORIZED MITHORIZED SHARES Stamber of Shares	State  State  State  ("X" BOX FOR A	02871 TORS: ("X" BOX FOR   Zip	PORTSMOUTH ATTACHMENT)   FILL IN Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (* ISSUED SHARES Number of Shares	RI SPACES BEFORE US  State  State	02871 SING ATTACHMENTS   Zip   Zip

1-13-05-FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I deck		
including any accompanying so contained herein are true and co		its, and that all statements
Emt & Mar		1/12/05
Signature of Officer /		Date
ERNEST E	NASCIME	u <del>j-d</del>
Print or Type Name of Officer		
TRES.		_
Title of Officer		
		Form 630 Rev. 12/03



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 A	NNUAL REPORT FOR THE YEAR	2004
	•	

rung Perioa: January I - M FORM MUST BE TYPED OR PRIN		ing Fee: \$50.00					
1. Corporate ID No.	2. Name of Corporation	on					
6898	SHS CORP.						
3. Street Address Principal Business (	••		City	State	Zip		
PO Box 317 39  4. Business Phone No.	<u>East Main</u>	Rd	Portsmouth,	RI	02871		
		5. State of Incorporatio	on a second		6. SIC Code		
4012849-0068  7. Brief Description of the Character	of Business Conducted to	RHODE ISLAN	מא		0		
PEST CONTROL SERVI	CE	п крокте įзішта					
B. NAMES AND ADDRESSES	OF THE OFFICER	S. C"Y" ROY FOR AT	TACHMENT)   FILL IN S	DACES BEFORE ISSI	NC ATTACHMENTS		
President Name	o. III or i cen	S. ( A BOX TOR A)	Vice President Name	FACES BEFORE USI	NG ALLACIMENTS		
Michele L. Eccl	100		Michele L. E	ccles			
Street Address			Street Address	CCIES			
PO Box 317 39	9 East Main	Rd.					
City	State	Zip	City	State	Zip		
Portsmouth	RŢ	02871			'		
Secretary Name	· <del>***</del> • · · · · · · · · · · · · · · · · · ·		: Treasurer Name		······································		
Ernest Nascimer	ito		Ernest Nasci	mento			
Street Address			Street Address	W. W. H. W.			
PO Box 317 39	) East Main	ı Rđ					
City	State	Zip	City	State	Zip		
Portsmouth	RI	02817					
. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR	ATTACHMENT)   FILL IN	SPACES BEFORE US	SING ATTACHMENTS		
Director Name			Director Name				
Co		<del>-</del>					
Street Address			Street Address				
70.	<u></u>	<u> </u>					
City	State	Zip	City	State	Zip		
***************************************	.J		•••••	l			
Director Name			Director Name				
Street Address							
SOCCI MINUS			Street Address				
City:	State	Zip	City	State	Zip		
·			<i>cy</i>	State	""		
0. SHARES AUTHORIZED	("X" BOX FOR AT	TACHMENT) . []	11. SHARES ISSUED ("	 X* BOX FOR ATTAC	THMENT)		
NUTHORIZED SHARES	, .=		ISSUED SHARES	, box 10k Allac			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
<del>_</del>					1,2,1,1,1,1		
600 NO PAR VALUE			100				
	<del></del>		100				
This report must be s	signed in ink by cit	ther the President Vice	e President, Secretary, Assistan	Secretary Treasure	r Pacaivar or Trustee		
	g o, c	, , , , , , , , , , , , ,	e riesident, decretary, rissistan	Coccicially, Treasure	1. Receiver of Trustee		
111111							
					that I have examined this report,		
X_0	<del>-                                    </del>	$\neg$	contained herein are to	anying schedules and s	tatements, and that all statements		
File Date 2 4 104	l		R 257	1	- / 2.25 00		
rie voie	<del> </del>	·	Cm/C/	semento	Daie		
Check No. 1,3043			Signature of Officer	<i></i>	Date		
		·	<u>tr</u> NEST	1- HASCI	UENTU		
Ву: ДД		_ [	Print or Type Name of	Officer			
EOD CECOETT DU CO			TREASU	£2.			
FOR SECRETARY OF ST	FOR SECRETARY OF STATE USE ONLY			Title of Officer			

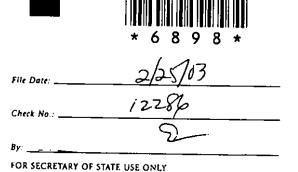
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

FURM MUST BE TYPED OR PRI	NTED IN BLACK)				
l. Corporate ID No.	2. Name of Corporation				
6898	SHS CORP.				
3. Street Address Principal Busine	ess Office		City	State	Zip
39 East Maj 1. Business Phone No.	in Rđ.	5. State of Incorporation	Portsmouth,	RI	6.02871
401-849-006 Brief Description of the Charac	8 Her of Business Conducted in Rh	RHODE ISLAND			(
3. NAMES AND ADDRE	SSES OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES	BEFORE USING ATTACH	IMENTS
resident Name			Vice President Name		_
Michele L.	Eccles		Michele L.	Eccles	
PO Box 317	400 McCorrie	Lane	<sub>City</sub> PO Box 317	400 McCorrie	Lane
Portsmouth, ecretary Name	ΒÏ	02871,	Portsmouth,		. 92871.
Ernest E. N	ascimento		Ernest E. Na	ascimento	
PO Box 317	400 McCorrie	Lane <sup>Zip</sup>	PO Box 317	400 McCorrie	Lane
Portsmouth, NAMES AND ADDRE	RI SSES OF THE DIRECT	02871 ORS (*x* BOX FOR ATTAC	Portsmouth,  CHMENT) FILLIN SPACE  Director Name	P RI S BEFORE USING ATTAC	02871 CHMENTS
reet Address			Street Address		
ity		•	•		
	State	Zip	City	State	Zip
liector Name		•	Director Name		
reet Address			Street Address		
ty	State	Zip	Gity	State	Zip
D. SHARES AUTHORIZE	ED (*X* BOX FOR ATTACHM	IENT)	11. SHARES ISSUED (*)	X* BOX FOR ATTACHMENT)	
imher of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE					
			100		

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.

Signature of Officer	Date
ERNEST E	NASCIMENTO
Print or Type Name of Officer	77

(FORM MUST BE TYPED IN BLACK)

I Corporate ID No.

Number of Shares

600

sHs

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

STOP PLEASE READ INSTRUCTIONS

r. corporate its No.	2. Name of Corporation				
op 5 : 6898 3. Street Address Principal Hus	sHs (Corp	-	City	State	Zip
PO Box 317 4. Business Phane No.	39 East Main 1	Rd 5. State of Incorporation	Portsmouth	RI	02871 6. SIC Code
401-849-006 7. Brief Description of the Cha	8 racter of Business Conducted in Rh	Rhode Isl	and		0
8. NAMES AND ADD	Ressentrole serve	REX* BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACHM	IENTS
Michele L.	Eccles		Michele L. Street Address	Eccles	
PO Box 317	400 McCorrie	$Lane_{Zip}$	PO. Box 317	400 McCorrie	Lane
Portsmouth Secretary Name	RI	. 02871	Portsmouth	RI	02871
Ernest Nacis	mento		Ernest Nasc	imento	
PO Box 317	400 McCorrie	Lane $Z_{ip}$	PO Box 317	400 McCorrie	Lane
Portsmouth 9. NAMES AND ADDR Director Name	RI ESSES OF THE DIRECT	02871 ORS (*X* BOX FOR ATTAC	Portsmouth CHMENT) FILL IN SPACE Director Name	R I ES BEFORE USING ATTACH	02871
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 AUTHORIZ AUTHORIZED SHARES	ZED (*X* BOX FOR ATTACHM	ENT)	11. SHARES ISSUED (*.	X" BOX FOR ATTACHMENT)	

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

Number of Shares

100

FILED ZO. H	Under pena this report, that all stal
File Date:ALIG. O.F. 2002	SHOITANOTHCO ET
Check No.: By JAM 31VI	SECULATION SERVITAGE OF CONTROL OF TO TYPE
FOR SECRETARY OF STATE USE ONLY	- Secr

Class/Series

"No Par Val"

Par Value

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.

Significantly Solution Solution Solution Statements and that all statements contained herein are true and correct.

Significant Solution S

Class/Serles

Par Value

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



0

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 City State ZipPO BOX 317 39 EAST MAIN ROAD **PORTSMOUTH** RΙ 02871 6. SIC Code 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 Vice President Name MICHELE L ECCLES MICHELE L ECCLES Street Address Street Address PO BOX

317 400 MC CORRIE LANE PO BOX317 State City State PORTSMOUTH RI 02871 PORTSMOUTH RΙ 02871 Secretary Name Treasurer Name ERNEST NASCIMENTO ERNEST NASCIMENTO Street Address PO BOX 317 400 MC CORRIE LANE PO BOX 317 400 MC CORRIE LANE City Zip PORTSMOUTH RI 02871 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 State 2,1p Director Name . Director Name Street Address Street Address City State City State Zip

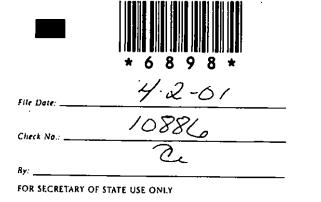
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series

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



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.



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 BL	ACK)				
1. Corporate ID No. 6898	2. Name of Corpo	ration .	and.		`
0070	SHS CORF	·			
3. Street Address Principal Busines	s Office		Clty	State	Zip
PO BOX 317 4. Business Phone No.	39 EAST	MAIN ROAD  5. State of Incorporation	PORTSMOUTH	RI	02871 6. SIC Code
401-849- 7. Brief Description of the Characte	-0068 er of Rusiness Conducte	RHODE ISLA d in Rhode Island	ND		2618
Resendat 8. NAMES AND ADDRES President Name	ual Pestt SSES OF THE OF	Control Servi FICERS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACES I	BEFORE USING ATTA	ACHMENTS
	L ECCLES		Vice President Name	001.00	
Street Address	D ECCEES		MICHELE L E	CCLES	
PO BOX 3	17		PO BOX 317		
City	State	Zip	City	State	ZIp
PORTSMOUTH Secretary Name	RI	902871	PORTSMOUTH Treasurer Name	RI	02871
ERNESTINAS Street Address	CIMENTO		ERNEST NASC	IMENTO	
PO BOX 317	- State	Zip	PO BOX 317	State	Zip
PORTSMOUTH	RI	02871	PORTSMOUTH	RI	•
9. NAMES AND ADDRES  Director Name		RECTORS (*X * BOX FOR A		S BEFORE USING AT	02871 TACHMENTS
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 AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*)	K* BOX FOR ATTACHME	VT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR V	AL		100		

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



0 0 7 6
File Date: 2/8/00
Check No.:9996
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.

that an statement's contained negeth are	true and correct.	
Ernet & Morlinents Signature of Officer	2/1/00	
Signature of Officer	Date	
FONEST T Massive		

Print or Type Name of Officer

SSCRETARY THE OF OFFICER



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 B						STRUCTION
1. Corporate ID No.	, 2. Name of Corporation SHS CORP.	** *			·- · <del> · · · · · · · · · · · · ·</del>	<u> </u>
3. Street Address Principal Busine						
	ie Lane, P.O.	Box: 317 S. State of Incorporation	Portsmouth	State R I	2 <i>lp</i> 0 2 8 7 1	\$
401-683-9185 7. Brief Description of the Charac		RHODE ISLAND		•••	6. SIC Code	
Pest Contro 8. NAMES AND ADDRE President Name	1		MENT) FILL IN SPACES	REFORE USING ATTACK	manian.	: :
			Vice President Name TRE	ASURER TO ATTACE	IMENIS	ئے۔
Michelle Street Address	Eccles	* · · · · · · · · · · · · · · · · · · ·	Ernest Nas	cimento		·.
City 400 Mc Co	rrië Lane State	Zip	. 400 McCori	rie Lane	Zip	
Ortsmouth Secretary Name	RI	02871	. Portsmouth	RI	02871	*
Ernest Na:	scimento		Michelle	PRESIDENT Eccles		,
400 McCor	rie Lane	en e		rrie Lane		7 · · · · · · · · · · · · · · · · · · ·
Portsmouth	RI	21p 02871	Portsmouth	State C,	21p 0 2 8 7 1	
9. NAMES AND ADDRES	SSES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) ( FILL IN SPACE Director Name	S BEFORE USING ATTA	CHMENTS	يەلىپ سىد سەرسا بىيە
Street Address						*
Constant and the constant of t	···		Street Address	•		<del>1</del>
City	State	Zip	City	State	Zip	<del>-</del> -
Director Name		* * ** ** ***	Director Name	****	••••••••••	<u></u>
Street Address		** <del>-</del>	Street Address		±. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City	State	Zip	City	State	Zip	·
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTACHM	ENT)	11. SHARES ISSUED (*x	(* BOX FOR ATTACHMENT)	ا 	<u>.</u>
Number of Shares	Class/Series	Par Value	Number of Shares	, Class/Series	Par Value	<del></del>
600 SHS NO PAR VA	<b>NL</b>		100	Common	No Par	<del></del>
en e e e e e e e e e e e e e e e e e e		1			• • • • • • • • • • • • • • • • • • • •	
his report must be sign	<b>ed in ink</b> by either th	ne President, Vice Pre	sident, Secretary, Assist	tant Secretary. Treasure	er. Receiver or	Truster
			,,	· · · · · · · · · · · · · · · · · · ·	ii, neceiver or	rustee

	* 6 8 9 8 *
File Date:	Mar 8,99
Check No.:	4307
Ву:	<b>D</b>
FOR SECRETAR	Y OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have exact this report, including any accompanying schedules and statem		
that all statements contained herein are true and correct.		
Buchle L. Excles	,,,	

Signature of Officer		Date
Michelle	Eccles	
Print or Type Name of Officer		

President Title of Officer



(FORM MUST BE TYPED IN BLACK)

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

1. Corporate ID No.	2. Name of Corporati	on			
3. Sir <b>689B</b> ress Principal Busi 400 mC	ness office <b>SHS CORP.</b> Corrie lane		Þ'ðrт <b>я</b> моитн	siere RT	₫º2871
4. Business Phone No.		5. State of Incorporation			6. SIG Code
7. Brief Description of the Chair	490068 acter of Business Conducted in	Rhode IAHODE ISLAND	)		
8. NAMES AND ADDI	EXTERMINATION OF THE OFFICE	ON CERS ("X" BOX FOR ATTACH			
President Name ERNEST E	NASCIMENTO		"ERNEST"E NASC	IMENTO	
Street Address 400 M	CCORRIE LANE		Street Address MCCORRIE	LANE	
PORTSMO	UTH RI	02871	coportsmouth	srate 02871	Zip
Secretary Name		•	Treasurer Name	• • • ••••	• • • • • • • •
Street Address ERNEST	E NASCIMENTO		ERNEST E NASC	IMENTO .	
city 400 MC	CORRIE LANE	Zip	city 400 MCCORR	IE LANE	Zip
PORTSMOUTH 9. NAMES AND ADDE Director Name	RESSES OF THE DIREC	02871 CTORS ("X" BOX FOR ATTA	PORTSMOUTH CHMENT) Director Name	RI	02871
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 AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	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

File Date:	J. 18.9	78 *
Check No.:	8595	
Ву:	lup	12/2
FOR SECRETARY	Y OF STATE USE ONLY	

600 SHS NO PAR VAL

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.

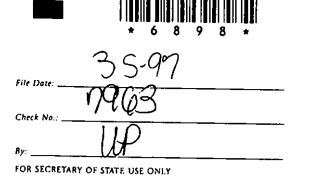


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

## PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BL	ACK)	•			BELORI COMPLETI
I. Gorporate ID No. <b>6898</b>	2. Name of Corporal SHS CORP				THIS FOR
3. Street Address Principal Busines	s Office		City	State	71.
400 McCorrie Business Phone No.	Lane, P.O.	Box 317 5. State of Incorporation	Portsmouth	RI	Zip 0 2 8 7 1 6. SIC Code
401-849-0068  7. Bitef Description of the Characte		RHODE ISLAND  1 Rhode Island	)		8888
YPest exterming. NAMES AND ADDRES	nation SSES OF THE OFFI	CERS (*X* BOX FOR ATTACHM			
{{    Ernest Nas	scimento		Vice President Name  Q: ~ Ernest:  Street Address	Nascimento	
400 McCorrie	Lane, Ports	smouth, R.F.	400 McCorrie	Lane, Portsmo	outh, R.I.
Portsmouth ecretary Name	RI	02871	Portsmouth	P. RI	02871
『 Ernest Na treet Address			EEN Ernest	Nascimento	
400 McCorrie I	ane State	Zip	400 McCorrie	e Lane	Zip
Portsmouth  NAMES AND ADDRES  Princetor Name	RI SES OF THE DIRE	02871 CTORS (*x* BOX FOR ATTACI	Portsmouth  HMENT)  Director Name	RI	02871
NONE NONE			Street Address		
ity	State	Zip	City	State	Zip
irector Name		•	Director Name		••
reet Address			Street Address		
lty	State	7.ip . :	City	State	Z.Ip
O. SHARES AUTHORIZE	D AND ISSUED (*x	(* BOX FOR ATTACHMENT)			
umber of Shares	Class/Series	Par Value	ISSUFID SHARES Number of Shares	Class (Factor	
600 SHS NO PAR VA	ıf		Transper of Shares	Class/Series	Par Value
TO SHO HO PAR VA	<b>.</b>		100	COMMON	NO
nis report must be <b>sign</b> e	e <b>d in ink</b> by eithe	er the President, Vice Pre	sident, Secretary, Assistar	nt Secretary. Treasure	r. Receiver or True

Th stee



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.

Title of Officer

#### **PROFIT CORPORATION ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

1, CORPORATE IO NO.	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.		
6898	; SHS COR	RP.			· · · · · · · · · · · · · · · · · · ·
3. STREET ADDRESS PRINCIPAL BUSINESS OFFI  1350 ANTHONY  BUSINESS PHONE NO.	RD PO BOX		PORTSMOUTH	STATE R I	02871
401 683-918	8 5	S. STATE OF INCORPORATION RHODE IS	SLAND	<del></del>	8888 8888
BRIEF DESCRIPTION OF THE CHARACTER OF BU	USINESS CONDUCTED IN RHOOSE ISLA PEST EXTERMI				
	8. NAM NASCIMENTO	ES ANO ADDR	WORTHSHIP NAST NAS	FFICERS CIMENTO	
	THONY RD PO	RTSMOUTH RI	1350 ANTHONY	RD PORTSMOUT	ΓH RI
PORTSMOUTH	SATE RI	02871	PORTSMOUTH	RI 02	02871
	IASCIMENTO		TREASURER NAME  LERVEST NASC	IMENTO	
1350 ANTH	IONY PD	TZIP COOE	STREET ADDRESS		
PORTSMOUTH	RI	02871 S AND ADDRI	PORTSMOUTH	RI	02871.
PECTOR NAME: NO NE	•		DIRECTOR HAME	HECTORS	
TREET ADDRESS	STATE		STREET ADORESS		
RECTOR IVALE	JANE	ZIP CODE	D'RECTOR NAME	STATE	2 P CODE
REET ADDRESS			STREET ADDRESS		
1 <del>V</del>	SIATE	Zip coot:	ату	STATE	p <sub>b</sub> coot
	AUTHORIZED SHARES	RESAUTHORI	ZED AND ISSUED	ISSUED SHARES	
MUMBER OF SHARES	CLASS / SERIES	PAR VALUE	HUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS NO PA	AR VAL		100	COMMON	NO
	<del></del>		1		
			,		
	Tt. 1		<del></del>	- <del> </del>	1

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

!	examined	th

File Date:	3/26/96
Check No:	7a74
م اد	1

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.

Title of Officer

Date

# 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

### 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:	0000090	Annual Dancer Co.	1995	
			year:	<u></u>
Business entity organ	ion: R	Dusing at the		
For foreign entity, add	fress and telephone number of principal office	X 1 D	check one):	
		Professional S	poration (See RIGL Chapter 7-1.1) Service Corporation (See RIGL Chap	
		=		
Phone: (40( ) 6	83.4185	Brief statement of th	he character of business conducted i ASCIMENTO Presider	in Dhada Ta
Address and telephone	of the principal office of business entity in P	hode 1350 Anth	Iscimento Presider	n t
Island (Provide street	address Not P.O. Box): 1350 Anthony Rd	_ =	th RI 02871	
	Portsmouth.RT 02871		······································	
Phone: ( )		Pest e		
	<del></del>	<del> </del>	···	
PRESIDENT	THE NA			
	Ernest Nascimento !350	Anthony Rd Portsmou	CITY/STATE	ZIP CODE
VICE PRESIDENT		STREET ADDRESS	CITYSTATE	<del></del>
SECRETARY	<u>Ernest Nascimento 1350</u>	Anthony Rd Portsmout	th RI 02871	ZIP CODE
				ZJP CODE
TREASURER	<u> Ernest Nascimento 1350</u>	Anthony Rd Portsmout	th RI 02871	zar Copt:
	Frnest Nascimento 1350	Anthony Dd Domton	CITY/STATE	ZiP CODE
NAME	THE NAM	IES OF THE DIRECTORS ARE:	<u>:h_R1_02871</u>	
VAME		STREET ADDRESS	CITY/STATE:	
NAME —	——————————————————————————————————————			ZIP CODE
		STREET ADDRESS	CITY/STATE	ZIP CODE
NAME		STREET ADDRESS	<b></b> _	
			CITY/STATE	NIP CODE
SUMBER OF SHARES	AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISS	UED AND OUTSTANDING (Rider ma	
Number of Shares	Class / Scries			
		Number of Shares	Class / Series FEB 1 /	7995
6	00 Common	100	Common By (PH 3)	1.501
~	Common	100	Common By (CPU 0)	<u>u U U 1</u> .
	<del></del>	1		
TEB	16 10 95			
Date / /		By: - Dut E	escurents	
orm 31 1/95	v.	PRINT OR TYPE NAME OF OFFICER SIGNING	Ernest Nasciment	
	DECLEMATER	TITLE OF OFFICER SIGNING	n	<u></u> -
LEASE MOTE 161	DESIGNALED REGISTE	RED AGENT FOR SERVICE OF	T	
LEASE NOTE: If the I	registered office and/or registered agent indicate	cated below is incorrect, Form 9 must be t	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

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

100 North Main Street Providence, Rhode Island 02903-1335 401-277 3040

Corporate ID:	<u> </u>		Annual Report for the	he year:	1 <u>994</u>	
Name of Business E	Entity:		SHS CORF	<b>,</b>		
Business entity organiz	ed under the laws of the State of _	RI	Business Entity is	s (check one)		-
/			[ <b>X</b> ] Busa	ness Corporation (See	RIGL Chapter 1-1-1	,
For foreign entity, addr	ess and telephone number of princi	pat office	, ,	rssional Service Corpo ted Liability Company		hapter 7-5-1)
		·	Name, title and ri communications	nuiling address of cont may be directed:	act person to whom	
<del></del> ·			Ernest	Nascimento,	, <u>President</u>	;
			1355 Ar	thony Road		
Phone ( )	<del></del>		Portsmo	outh, R1 02	2871	
	of the principal office of business (ddress - Not P.O. Box).	entity in Rhode	Boef statement o	f the character of busi	ness conducted in R	hode Island
1355 Antho	ony Road	<u></u>		ctermination		
Portsmout	h, RI 02871					
			Date of Organiza	,	1984 8/4/80	O Can
Phone (401.) 6	سره ره و ۵		•	tion to do business in	Phode Island Of for	man entity)
Phone ( 901, ) 6	,03 <u>~7/85</u>		Dake of Qualifica	mon to 50 business in	Kiloge (signo (ii to))	right Chury
<u> </u>						- :
П сиот вхесстілества	SER OR THE ERUSIDENT IN SEEL OFF	THE NAMES OF TH		E:		ZIP COST
Ernest Nas		55 Anthony Re			287 1	
	CSA DK   NICE PRESIDENT (OSA) ON	STREET ADD		CIDALATE		ZIF CODE
Ernest Nas	SCIMENTO 13 SCR Z SECRETARY (CHECOR)	55 Anthony Ro פסגומות פסגומות		outh, RI <u>02</u>	2871	KO 28tZ
Rrnest Nas		55 Anthony Re		outh, RI 02	2871	
☐ CBEE ENANGALISTIC	TER OS 🖫 TREASURES (Seek See)	S REET AD.		CITYSTATE	–	7.P./Obt
Ernest Nas		55 Anthony Re			2871	
NAME	T	HE NAMES OF TH		RE:		2:P COD5
NAME		STREET AGO	wrss.	CITASTATE	<del>.</del>	ZIP COCI
NAME:	<del></del> · · <del></del>	STREET ADD	38ESS	City.State		KOD AIK
NUMBER OF SHARI		•)	NUMBER OF SHA	EES ISSUED AND O	OUTSTANDING (IF	Applicable)
NUMBER		<u> </u>	: NUMBER		- · · · · · · · · · · · · · · · · · · ·	
( OIIDER	600		i i	100		
CLASS	COMMON		CLASS	COMMON		
SERIES			SERIES			
PAR VALUE OR WITHOUT PAR	WITHOUT		PAR VALUE OR WITHOUT PAR	WITHOUT		·-·
			ت			
Date	19	Ву	ment & Me	ascemento	Pres	
		_				
	The Control of the Co		rnest Nascin Presame Or Other Rich			
1	TEB 18 1994	P	resident			
$\mathfrak{E}_J$	Ma 503		FCER'S CHISC			
Form 31 194	NAIONAINE					
	DESIGNATED REGIST	TERED OR RESIDE	ENT AGENT FOR	SERVICE OF PRO	DCFSS:	
					· · · · · · · · · · · · · · · · · · ·	

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

January 1st and March 1st

# State of Rhode Island and Providence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	·····································	***************************************	Annual Report for th	e year
First:	The name of the corpora	ntion is	SHS CORP	······································
Second:	It is incorporated unde	er the laws of.	Rhode Island	
Third:	Character of business, b	riefly stated, is	pest control and e	xtermination and a
Fourth:	If foreign corporation,	address of its	principal officen./	'a
<b>Г</b> ІРТН:	Business address in Rhoc	de Island	1350 Anthony Rd POrtsm	outh,R.I.02871
	Names and addresses of	Office		(Attach rider if necessary
***********************		Director		
*****************	••••••	Director		
	Nascimento	President	PO Box 317, Portsmot	ith,R.I. 02871
Ernest	Nascimento	Vice Presid	dent PO Box 317 Portsmou	ith,R.I. 02871
	Nascimento		PO Box 317, Portsmot	
	ascimento	Secretary Treasurer	"O Pox 317, Portsmoi	ith, F. I. 02871
SEVENTH:	on on one of the		Series	Par Value Or statement that shares are without par value
6.00	Com	rion	, to <b>, a (2</b>	No Par Value
Еібнтн:	Number of Shares issue	d:	7.12 1 9 1993	Par Value
No. of Share	es Clas	ś	Series	or statement that shares are without
100	Commo	-	- 561767	par value No Dar Value
Dated $3/$	11 23	) 	SHS Corp (Name of Corporation)	
			By Ent Prosess	26
(Rep	ort must be signed by an offic	cer)	Title President	

## State of Rhode Island and Providence Plantations CORPORATIONS DIVISION HOO NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 VF 4910

Corporate ID		Annual Report for t	he year 1992
FIRST: The name of the	e corporation is	SHS CORP	
SECOND: It is incorpora	ited under the laws of	Rhode Island	
		pest extermination	
Fourth: If foreign corp	poration, address of its	principal office	
FIFTH: Business address	in Rhode Island	1355 Anthony Road	PO BOL 317
	•••••	Portsmouth, RI 02871	
SIXTH: Names and addr	esses of its directors an		(Attach rider if necessary) number, street, zip code)
	Director		
	Director		
,	Director		
Ernest Nascimento	President	1355 Anthony Road	, Portsmouth, RI 028
Ernest Nascimento	Vice Presid	lent 1355 Anthony Road,	, Portsmouth, RI 028
Ernest Nascimento	Secretary	1355 Anthony Road,	, Portsmouth, RI 028
Ernest Nascimento	Treasurer	1355 Anthony Road	, Portsmouth, RI 028
SEVENTH: Number of Sh	ares authorized:		Par Value
No of Shares	Class	P A I D	or statement that shares are without par value
600	Common	_	No Par Value
-		MAR 0 2 1992	
Eighth: Number of Sha	res issued:	SEC'Y OF STATE	Par Value or statement that
No of Shares	Class	Series	shares are without par value
100	Common		No Par Value
Dated $2/28$		SHS CORPORATION (Name of Corporation)	
•	I	By Emet & Mosci	ment
(Report must be signed b	by an officer)	Title Pre	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID0006	1898	Annual Report	for the year
			······································
FOURTH: If foreign corpo	ration, address of its pr	incipal office	
FIFTH: Business address in	n Rhode Island13.55	AnthonyRoad	
	Port	smouth, RI 028/1	······
Sixth: Names and address	sses of its directors and	•	(Attach rider if necessary) uding number, street, zip code)
	·		***************************************
	Director		
	Director		
Ernest Nascimento			,Portemouth, RI 02871
Ernest Nascimento	Vice Preside	nt1355AnthonyRoad	,Portemouth,R10287.1
Ernest Nascimento			Pertamouth, RI02871
Ernest.Nascimento	Treasurer		Portsmouth, RI02871
SEVENTH: Number of Sha	res authorized:	and an anony would	Par Value
No. of Shares 600	Class	Series	or statement that shares are without par value
V00	Common		NO PAR VALUE
Еідити: Number of Share	es issued:	Ma	Par Value or statement that
No. of Shares 100	Class Common	Series SEC'Y	Par Value or statement that shares are without par value PAR VALUE PAR VALUE
Dated INN 30		vame of Gorporation)	1
(Report must be signed by	y an officer) Ti	itle Pro	voju.

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

17

Corporate ID 00058	98	Annual Report for the year 1990			
FIRST: The name of the	FIRST: The name of the corporation is		SHS CORP		
Second: It is incorpo	rated under the laws of	Rhode Island			
THIRD: Character of b	ousiness, briefly stated, is	pest control and ext	ermination and an		
and all acts in fu	urtherance therof	incidental thereto.			
FOURTH: If foreign co	rporation, address of its p	rincipal office n/a			
FIFTH: Business address	ss in Rhode Island 1350	Anthony Road, Portsmo	outh, RI 02871		
SIXTH: Names and add	dresses of its directors and	Officers: Address (including numl	(Attach rider if necessary) ber, street, zip code)		
	Director				
	Director				
	Director				
Ernest Nascimento	President	PO Box 317, Portsmou	th, RI 02837		
Ernest Nascimento	Vice Preside	nt PO Box 317, Portsmou	th, RI 02837		
Ernest Nascimento	Secretary	PO Box 317, Portsmou	th, RI 02837		
Ernest Nascimento	Treasurer	PO Box 317, Portsmou	th, RI 02837		
SEVENTH: Number of S	Shares authorized:		Par Value		
No. of Shares	Class	Senes	or statement that shares are without		
600	Common		parvalue No Par Value		
Eighth: Number of Sh	ares issued:	PAID  Scries To 1234  SEC'Y. OF STATE	Par Value or statement that		
No. of Shares	Class	Scries STATE	shares are without par value		
100	Common	SEC'Y. OF STATE	No Par Value		
Dated $2/23$	1990	SHS CORP.			
	В	Sm+ & Masumer	t Pres		
(Report must be signed	I by an officer)	itle PRESIDENT			

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION

	100 NORT PROVIDENCE, F	H MAIN STREET RHODE ISLAND 02903	
Corporate ID 6898		Annual Report for the	year 1959
FIRST: The name of	of the corporation is	SHS CORP.	······································
SECOND: It is incor	porated under the laws of	Rhode Island	
THIRD: Character of	of business, briefly stated, is	pest control and extermin	nation and any and all
acts in furthera	nce thereof incidental	thereto.	
FOURTH: If foreign	corporation, address of its p	rincipal officen/a	
FIFTH: Business add		O Anthony Road, Portsmouth	ı, RI 02871
SIXTH: Names and a	addresses of its directors and	l officers: Address (including num	(Attach rider if necessary
Ernest Nascimento	Director	PO Box 317, Portsmouth	, RI 02871
	Director	·······	
	Director		
Ernest Nascimento	President	PO Box 317, Portsmouth,	RI 02871
Ernest Nascimento	Vice Preside	ent PO Box 317, Portsmouth,	.RI_02871
Ernest Nascimento	Secretary	PO Box 317, Portsmouth,	.R102871
Ernest Nascimento	Treasurer	PO Box 317, Portsmouth,	.B.I02871
SEVENTH: Number of	of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
600	Common		No Par Value
Eіднтн: Number of	Shares issued:	FEB 24 1989	Par Value or statement that
No of Shares	Class		shares are without par value
100	Common	SCY OF STATE	No Par Value
Dated 2/23	1989	SHS CORP.	
./	, (i)	Name of Corporation)	
	B <sub>.</sub>	y Charles Company	mu -
(Report must be sig	$\mathbf{r}$ (ned by an officer) $\mathbf{T}$	itle	***** (***)****************************

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID	2.4.52	Annual Report for t	the year	출원된
FIRST: The name	of the corporation is	SHS COMP.		
SECOND: It is inc	orporated under the laws of	l∛J; m	da Island	
THIRD: Character	r of business, briefly stated, i	is pest control and ex	termination	
		herance thereof incid		
		s principal officeN/A		
		.1350AnthonyRoadPc		
	d addresses of its directors a	nd officers:	(Attach rider if necessary)	
Ernest Nascimen	to Director	P.O. Box 317, Por	tsmouth, RI 02871	
	Director			
	Director			
ErnestNascimen	t.oPresident	P.O. Box 317, Por	tsmouth,RI02871	
.ErnestNascimen	toVice Presi	ident P.O. Box 317, Por		
	t.oSecretary		tsmouth,RI0.2871	
.ErnestNascimen	to Treasurer		tsmouth,RI02871	
SEVENTH: Number	r of Shares authorized:		Par Value	
No. of Shares	Class	Series	or statement that shares are without par value	
600	common	a <b>N</b> i∂	no par value	/
Eіднтн: Number	of Shares issued:	MAR 01 1988	Par Value	
No. of Shares	Class	Series ATT	or statement that shares are without par value	
100	common		no par value	
DatedJanuary	19 .8.8	SHSCORP(Name of Corporation)		
(Report must be	signed by an officer)	Ernest Nascimento Title President	WLLE	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 689	8	Annual Report for	the year 1987
First: The nai	ne of the corporation isSH	S CORP.	
Second: It is i			
			xtermination
and any and	lall acts in furthe	rance thereof or inc	idental thereto.
	address in Rhode Island		······································
	and addresses of its directors ar	nd officers:	(Attach rider if necessary)
.ErnestNascime	ntoDirector		Portsmouth, RI 0287
·····	Director		The state of the s
	Director		
Ernest Nascime	ntoPresident		Portsmouth, RI 028
Ernest Nascime	nto Vice Presid	dent 1350 Anthony Rd.,	Portsmouth, RI 028
Ernest Nascime	nto Secretary		Portsmouth, RI 028
Ernest Nascime	ntoTreasurer		Portsmouth, RI 028
	per of Shares authorized:	•	Par Value
No. of Shares	Class	Series	or statement that shares are without
600		PAID	par value
000	common	MAR 2 1987	no par value
Eіднтн: Numbe	r of Shares issued:	TOY OF STORE	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
100	common		no par value
Dated February	19 .8.7	SHS CORP. (Name of Corporation)	
(Report must b		By Cmet Bscem Ernest Nascimento Title President	ents Pre

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL. PROVIDENCE, RHODE ISLAND 02903

Corporate ID	6898		Annual R	eport for the year.	1986
First:	The name of the co	orporation is	SHS CORP.		
Second:	It is incorporate	d under the laws	of Rhode	Island	
incident by R.I.	tal thereto or Ceneral Laws o	in furtherance E 1956.	I, isto_hold, _own, ry name, nature and e_thereof, and in go its principal office	description, a eneral, to do a	and to do any acts any act allowed
Fігт <b>н</b> :	Business address in	Rhode Island	1350 Anthony I	Road, Portsmo	outh, RI 02871
Ѕіхтн:	Names and address			dress (including number, stre	(Attach rider if necessary)
	Nascimento			/ Rd., Portsn	nouth. RI 02871
			***************************************	*************************************	•••••
	Nascimento				
	Nascimento	Preside			nouth, RI 0287]
***************	****************************	Vice P <sub>1</sub>		y Rd., Ports	
	Nascimento	Secreta	ry 1350 Anthor	y Rd., Ports	mouth, RI 0287
Ernest	Nascimento	Treasur	er 1350 Anthor	y Rd., Ports	mouth, RI 028
SEVENTH:	Number of Shar	es authorized:			Par Value
No. of Shai	res	Class	. Series		or statement that shares are without par value
600		common		_	no par
			EEB 18	1986	
Еібнтн:	Number of Shares	s issued:	1777 FEB 18	<del>\</del>	Par Value
No. of Shar	ės	Class	യ ു. Series	•	or statement that shares are without par value
100		common	PAID		no par
itedJa	nuary l3,	<b>19</b> <u>86</u>	EXHS CORP.		······
			By Const	26 scener	<del></del>
(Rep ± 31 = 1/85	oort must be signed by	an officer)	Title LISESIIS	eNT	

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

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

	ı	Annual Report for t	he year 1985	
First: The name of	the corporation i	s		
	SHS CO	RP.		
SECOND: It is incorp	orated under the	e laws of Rhode	Island	
THIRD: Character of	business, briefly	stated, is extern	mination	
	14 17 1 4144 1414 14			
FOURTH: If foreign	corporation, add	iress of its principa	al office	
-	N/A			
FIFTH: Business add	iress in Rhode I:	aland (blank report	ts will be mailed to this	
		mouth, RI 02871		
,		directors and office	ers:	
(Addresses m	ust include street ar	nd number, if any)		
Name	Office		Address	
Ernest Nascimento	Director	1350 Anthony	Rd., Portsmouth, RI	02871
	Director			
	Director			
Ernest Nascimento	President	1350 Anthony	Rd. e Portsmouth, RI	02871
Ernest Nascimento	Vice Presid	ent 350 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		· .a.	Box Volum	
SEVENTH: Number			Par Value or statement that shares are without	
No. of Shares	Class	Series	par value	
600	Common		No Par	
Element Manches of	e (1) :		Par Value	
EIGHTH: Number of		Series	or statement that shares are without par value	
100	Class Common	Series	No Par	
Dated: MANCL 12	19 85	SHS CORP.		
	1004	(Name of Corporat	semest Pres	
BELL IN	*** WAR.	Dinese hase	· merree	
A Mari		Title President	signed by an officer)	
		1. ispert mage be	g, w. vvul)	

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

### 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. Rhode Island SECOND: It is incorporated under the laws of 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 600 Common no par value Par Value or statement that shares are without EIGHTH: Number of Shares issued: Class No. of Shares Series par value 100 Common no par value April 19.84 SHS CORP. Dated: (Repolarmust 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

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

## State of Rhode Island and Providence Plantations Office of the secretary of state

				Ann	ual Rep	oort for t	he year	1986	4	*** **
First	r:	The name of	f the corporation	is	SHS	CORF.				
			•							
SECO	ND:	It is incor	porated under the	he lav	vs of	knode	Islan	<b>d</b>		
THIR	D:	Character o	f business, briefl	y state	ed, is	exter	minati	on	w :	
**** ***				•••						
Four	TH:	If foreign	n corporation, a	ddress	of its	princip	al office			
Fift	H:	Business ac	ldress in Rhode	Island	i (blar	ık repor	ts will t	e mail	led to	this
address)	63	Sockanoss	et Cross Road	l, Cr	ansto	n, Rí	02920			
Sixti			addresses of its							
			must include street							
	1	Same	Office				Address			
			Director							
			Director							
			Director							
Brnest N	va s	imento	President		135 <b>0</b>	Anthon	virkoad	, fore	ะระบบ	etre R
		•	Vice Presi					•		,
••		.4	Secretary				1.1		ı	
(If addition	nal	ng space is neede	Treasurer				.•		٠.	- 4
Seve	NTF	: Number	of Shares auth	orized	l:		0	Par V r statem		
No. o	f Sh	ires	Class		Ser	ries		nares are	withou	
	50(	)	Common				n	o par	valu	ė
Eigh	тн	Number	of Shares issued	l:			o	Par V		<u>:</u>
No. o	of Sh	ares	Class		Se	ries	si	hares are par v		t
	100	)	Common				no	par	value	:
Dated:	Á	mil	19 84			CORP.	•			
				By.S	Smit	es Na	remi	ento	-	
				Title	e iệt	esiden	U .			,
					(Repo	rt must b	e signed	by an o	lficer)	

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

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

### State of Rhode Island and Providence Plantations Office of the Secretary of State

		Annual Rep		
FIRST: The name	me of the corporation	is SH	S CORP.	
	<del></del> .			. 10
SECOND: It is	incorporated under th	ne laws of	State of I	Rhode Island
Third: Charac	ter of business, briefly	stated, is	exterminat	tion
FOURTH: If fo	reign corporation, ac	ldware of ita	nningingloffa	
1001111. 11 10	reign corporation, at	Idiess of its	principal one	τ.
FiFTH: Busine	ss address in Rhode	· [s]and (h]an	k reports will	l ho mailed to thi
	anosset Cross Roa		•	
	and addresses of its	•		
	esses must include street a			
Name	Office			
.vame	Director		Addre	255
•				
	Director			
	Director			 Danka-a-a-kh
Ernest Nascimen	to President	1355 An	thony Road	, Portsmouth,
Ernest Nascimen	Vice President		thony Road	, Portsmouth,
Ernest Nascimen			thony Road	, Portsmouth,
Ernest Nascimen  " "  (If additional space is	Vice Presi Secretary Treasurer			"
" " " (If additional space is	Vice Presi Secretary Treasurer	dent "		Par Value or statement that
" " " (If additional space is	Vice Presi Secretary Treasurer needed, attach rider)	dent "	či II	n Par Value
" " (If additional space is SEVENTH: Nur	Vice Presing Secretary Treasurer needed, attach rider) nber of Shares authorities	dent " " orized:	n n	Par Value or statement that shares are without
" " (If additional space is SEVENTH: Nur No. of Shares	Vice Presidence Secretary Treasurer needed, attach rider) nber of Shares authorities	dent " " prized:	n n	Par Value or statement that shares are without par value  no par value  Par Value
" " (If additional space is SEVENTH: Nur No. of Shares	Vice Presidence Secretary Treasurer needed, attach rider) The Shares authority Class Common	dent " " prized:	ti II	Par Value or statement that shares are without par value no par value
" " (If additional space is SEVENTH: Nur No. of Shares 600 EIGHTH: Num	Vice Presidence Secretary Treasurer needed, attach rider) The Shares authority Class Common	dent " orized: Seri	es	Par Value or statement that shares are without par value  no par value  Par Value or statement that shares are without
(If additional space is SEVENTH: Nur No. of Shares 600 EIGHTH: Num No of Shares 100	Vice Presidence Secretary Treasurer needed, attach rider)  Inher of Shares authorities Class Common  ber of Shares issued Class	dent " orized: Seri	es	Par Value or statement that shares are without par value  no par value  Par Value or statement that shares are without par value
(If additional space is SEVENTH: Nur No. of Shares 600 EIGHTH: Num No of Shares 100	Vice Presidence Secretary  Treasurer needed, attach rider)  The surface such common  Class  Common  Class  Common  Class  Common  2/22  19 83	dent " " prized: Seri	es ORP. Corporation)	Par Value or statement that shares are without par value  no par value  Par Value or statement that shares are without par value
" "  (If additional space is SEVENTH: Nur No. of Shares  600  EIGHTH: Num No. of Shares 100  Dated:	Vice Presidence Secretary  Treasurer needed, attach rider)  The surface such common  Class  Common  Class  Common  Class  Common  2/22  19 83	dent " orized: Seri 3 SHS CO (Name of	es  ORP. (Corporation)  F. Man	Par Value or statement that shares are without par value no par value Par Value or statement that shares are without par value no par value

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

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, R  Vice President  " " Secretary " " " " " " " " " " " " " " " " " " "				Annual Report	for the ye	ear 1982
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  SIXTH: Names and addresses of its directors and officers:  [(Addresses must include street and number, if any)]  Name Office Address  Director  Director  Director  Director  President 1355 Anthony Road, Portsmouth, R  Vice President  Secretary " " " " " " " " " " " " " " " " " " "	First:	The name of	the corporation	is. SHS CO	RP	• • • • • • • • • • • • • • • • • • • •
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  SIXTH: Names and addresses of its directors and officers:  [(Addresses must include street and number, if any)]  Name Office Address  Director  Director  Director  Director  President 1355 Anthony Road, Portsmouth, R  Vice President  Secretary " " " " " " " " " " " " " " " " " " "						
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  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, R  Vice President  "Secretary """"""""""""""""""""""""""""""""""""	SECOND:	It is incorp	orated under th	elaws of Stat	te of Rho	ode Island
FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 63 Sockanosset 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  Director  Director  Ernest Nascimento President 1355 Anthony Road, Portsmouth, R  Vice President  "Secretary """"""""""""""""""""""""""""""""""""	THIRD:	Character of	business, briefly	y stated, is . ex	ktermina	tion
FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 63 Sockanosset 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  Director  Director  Ernest Nascimento President 1355 Anthony Road, Portsmouth, R  Vice President  "Secretary """"""""""""""""""""""""""""""""""""		•			·	
Address) 63 Sockanosset 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  Director  Ernest Nascimento President 1355 Anthony Road, Portsmouth, R  Vice President  "Secretary """"  Treasurer  (If additional space is needed, attach rider)  SEVENTH: Number of Shares authorized:  No. of Shares Class Series  Far Value or statement that there are without par value  EIGHTH: Number of Shares issued:  No. of Shares Class Series  100 common  EIGHTH: Number of Shares issued:  No. of Shares Class Series  100 common  TED 10 1382  Par Value or statement that shares are bubbut par value  Or par value  Par Value or statement that shares are bubbut par value  TED 10 1382  Par Value or statement that shares are bubbut par value  Or par value	Fourth	: If foreign	corporation, add	dress of its prir	ncipal offic	<b>:e</b>
Address) 63 Sockanosset 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  Director  Ernest Nascimento President 1355 Anthony Road, Portsmouth, R  Vice President  "Secretary """"  Treasurer  (If additional space is needed, attach rider)  SEVENTH: Number of Shares authorized:  No. of Shares Class Series  Far Value or statement that there are without par value  EIGHTH: Number of Shares issued:  No. of Shares Class Series  100 common  EIGHTH: Number of Shares issued:  No. of Shares Class Series  100 common  TED 10 1382  Par Value or statement that shares are bubbut par value  Or par value  Par Value or statement that shares are bubbut par value  TED 10 1382  Par Value or statement that shares are bubbut par value  Or par value						
SIXTH: Names and addresses of its directors and officers:  (Addresses must include street and number, if any)  Name Office Address  Director  Director  Director  Director  Ernest Nascimento President 1355 Anthony Road, Portsmouth, R  Vice President  Secretary " " " " " " " " " " " " " " " " " " "	FIFTH:	Business add	iress in Rhode	Island (blank r	reports wil	l be mailed to this
SIXTH: Names and addresses of its directors and officers:  (Addresses must include street and number, if any)  Name Office Address  Director  Director  Director  Director  Ernest Nascimento President 1355 Anthony Road, Portsmouth, R  Vice President  Secretary " " " " " " " " " " " " " " " " " " "	address) 6			•	_	
(Addresses must include street and number, if any)  Name Office Address  Director  Director  Director  Director  Ernest Nascimento President 1355 Anthony Road, Portsmouth, R  Vice President  "Secretary """"""""""""""""""""""""""""""""""""	-					
Director  Director  Director  Director  Ernest Nascimento President 1355 Anthony Road, Portsmouth, R  Vice President  Secretary " " " " " " " " " " " " " " " " " " "				<del></del>		
Director  Director  Director  Director  Ernest Nascimento President 1355 Anthony Road, Portsmouth, R  Vice President  Secretary " " " " " " " " " " " " " " " " " " "		Name	Office		l Addr	esa
Director  Director  Ernest Nascimento President 1355 Anthony Road, Portsmouth, R  Vice President  " " Secretary " " " " " " " " " " " " " " " " " " "						
Director  Ernest Nascimento President 1355 Anthony Road, Portsmouth, R  Vice President  " " Secretary " " " " " " " " " " " " " " " " " " "						
Vice President  Vice President  Secretary  Treasurer  (If additional space is needed, attach rider)  SEVENTH: Number of Shares authorized:  No. of Shares  Class  Series  Par Value or statement that shares are without par value  EIGHTH: Number of Shares issued:  No. of Shares  Class  Series  Par Value or statement that shares are without par value  Par Value  On statement that shares are without par value  Series  Par Value  On statement that shares are without par value  No. of Shares  Class  Series  Par Value  On statement that shares are without par value  No. of Shares  Class  Series  Par Value  On statement that shares are without par value  No. of Shares  Class  Series  Par Value  On statement that shares are without par value  No. of Shares  Class  Series  Par Value  On statement that shares are without par value  No. of Shares  Class  Series  Par Value  On statement that shares are without par value  No. of Shares  Class  Series  Par Value  On statement that shares are without par value  No. of Shares  Class  Series  Par Value  On statement that shares are without par value  No. of Shares  Class  Series  Par Value  On statement that shares are without par value  On par value  (Report must be signed by an officer)						
Vice President  Secretary  Treasurer  (If additional space is needed, attach rider)  SEVENTH: Number of Shares authorized:  No. of Shares  Class  Series  Par Value or statement that shares are without par value  EIGHTH: Number of Shares issued:  No. of Shares  Class  Series  Par Value or statement that shares are without par value  Par Value  Or statement that shares are without par value  Series  Par Value  Or statement that shares are without par value  Series  Par Value  Or statement that shares are without par value  Series  Par Value  Or statement that shares are without par value  Series  Par Value  Or statement that shares are without par value  Title President  (Report must be signed by an officer)  If the corporation has changed its registered office and/or is cogistered agent,	Ernest Nas			1355 An	thony Ro	ad. Portsmouth. R
Treasurer  (If additional space is needed, attach rider)  SEVENTH: Number of Shares authorized:  No. of Shares  Class  Series  Par Value or statement that shares are without par value  EIGHTH: Number of Shares issued:  No. of Shares  Class  Class  Series  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Series  Par Value or statement that shares are without par value  Series  Par Value or statement that shares are without par value  No. of Shares  Class  Series  Par Value or statement that shares are without par value  Series  Par Value or statement that shares are without par value  Common  100  Common  2 no par value  Report must be signed by an officer)  If the corporation has changed its registered office and/or the cognistered agent,						
Treasurer  (If additional space is needed, attach rider)  SEVENTH: Number of Shares authorized:  No. of Shares  Class  Class  Series  Par Value or statement that shares are without par value  100 common  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Truck  Title President  (Report must be signed by an officer)  If the corporation has changed its registered office and/or its gagistered agent,				a mettr		
SEVENTH: Number of Shares authorized:  No. of Shares  Class  Series  Par Value or statement that shares are without par value  Common  EIGHTH: Number of Shares issued:  No. of Shares  Class  Class  Series  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Report must be signed by an officer)  If the corporation has changed its registered office and/or is orgistered agent,			•		# d	0 0
No. of Shares  Class  Series  Series  Series  Class  Class  Common  Dar value  Par Value  or statement that shares are without par value  Par Value  or statement that shares are without par value  Or statement that shares						
No. of Shares  Class  Class  Series  Series  Series  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value  Series  Par Value or statement that shares are without par value  Series  Par Value or statement that shares are without par value  Series  Par Value or statement that shares are without par value  Series  Par Value or statement that shares are without par value  If the corporation has changed its registered office and/or is cogistered agent,	Seventi	i: Number o	of Shares autho	rized:		
EIGHTH: Number of Shares issued:  No. of Shares  Class  Series  Par Value or statement that shares are without par value  100  Common  2  no par value  82  Dated: feb 4  19 82  SHS CORP.  (Name of Corporation)  Title President — a  (Report must be signed by an officer)  If the corporation has changed its registered office and/or is cagistered agent,	No. of Sh	Bres	Class	Series		shares are without
EIGHTH: Number of Shares issued:  No. of Shares  Class  Series  Par Value or statement that shares are without par value  100  Common  2 no par value  100  Dated: fc6 # 19 82  SHS CORP.  (Name of Corporation)  By Constant Par Value or statement that shares are without par value  100  (Report must be signed by an officer)  If the corporation has changed its registered office and/or its registered agent,	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  2 no par value  100  Dated: fc6 # 19 82  SHS CORP.  (Name of Corporation)  By Constant Par Value or statement that shares are without par value  100  (Report must be signed by an officer)  If the corporation has changed its registered office and/or its registered agent,						
No. of Shares  Class  Series  Series  Or statement that shares are without par value  100  Common  2 no par value  62  Dated: fc6 # 19 82  SHS CORP.  (Name of Corporation)  By Creat Plantamenta  Title President — 0  (Report must be signed by an officer)  If the corporation has changed its registered office and/or its registered agent,	Picrimir	. Mumbum af	Chanas incomed.	LER I	6 13 <b>92</b>	Pan Valva
Dated: 100 common  2 no par value  82  Dated: 1982 SHS CORP.  (Name of Corporation)  By Fruit Housemento  Title President — 9  (Report must be signed by an officer)  If the corporation has changed its registered office and/or its registered agent,			•	Series	133	or statement that shares are without
Dated: fcb # 19 82 SHS CORP.  (Name of Corporation)  By Ship Corporation of Corpo	140. 01 511	Bica	Ciass	Series		par value
Dated: 166 # 19 82 SHS CORP.  (Name of Corporation)  By Smeet Housement  Title President — a  (Report must be signed by an officer)  If the corporation has changed its registered office and/or its registered agent,	100		common			no par value
By Creek Lancento  Title President — a  (Report must be signed by an officer)  If the corporation has changed its registered office and/or its registered agent,	Dated: Fee	6 4	10.82	SHS CORP	82 .	
(Report must be signed by an officer)  If the corporation has changed its registered office and/or its registered agent,	Dated. 76 t		19 02			_
(Report must be signed by an officer)  If the corporation has changed its registered office and/or its registered agent,				By Smeet	+ Zloc,	umento
If the corporation has changed its registered office and/or its registered agent,				Title Preside	nt - 0.	
				(Report n	nust be signe	ed by an officer)
				-1-4	مر نیو	

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
Director
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 Shares	Class	19	Series	Par Value per Share or Statement that Shares are without Par Value
600	common	31		no par value
		-1 ·		
		52		
		> - ≥ 2 - ≥ 4 C - ≤		
				OCT 131961
		· 15		2
· 31 11-80		1850 S		<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>

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:

Number of Shares	Class	Series	or Statement that Shares are without Par Value
100	common		no par value

Dated /0/5 ,1981 SHS CORP.

By Ermest & Masenments

Its President