



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

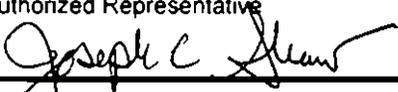
Annual Report for the year: 2021
Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 FEB 10 A 11:49

1. Entity ID Number 000123570		2. Exact name of the Corporation AMERICAN EXTERMINATING, INC.			
3. Principal Office Address 620 Main Street, CU 3A			City East Greenwich	State RI	Zip 02818
4. NAICS Code 115310		6. Brief description of the character of business conducted in Rhode Island To Operate a Pest Control Business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph C. Shaw			Vice-President Name Joseph C. Shaw		
Street Address 14 Alhambra Circle			Street Address 14 Alhambra Circle		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Joseph C. Shaw			Treasurer Name Joseph C. Shaw		
Street Address 14 Alhambra Circle			Street Address 14 Alhambra Circle		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative Joseph C. Shaw, President				Date 1/27/21	
Signature of Authorized Representative 			SIGN DOCUMENT HERE FILED ←		

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

FILED
 FEB 10 2021
 BY *Ch. Clark* # 7665
 11:49