



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED **STAMP**
FEB 14 2023
BY 1489 DS

| | | | | | |
|--|--------------------|---|---|-------------------------|---------------------|
| 1. Entity ID Number 706322 | | 2. Exact name of the Corporation A-VETERANS PEST CONTROL CO., INC. | | | |
| 3. Principal Office Address 605 Putnam Pike | | | City Greenville | State RI | Zip 02828 |
| 4. NAICS Code 561711 | | 6. Brief description of the character of business conducted in Rhode Island pest control and all business related thereto | | | |
| 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 Bruce Beaumier | | | Vice-President Name | | |
| Street Address 605 Putnam Pike | | | Street Address | | |
| City Greenville | State RI | Zip 02828 | City | State | Zip |
| Secretary Name Bruce Beaumier | | | Treasurer Name Bruce Beaumier | | |
| Street Address 605 Putnam Pike | | | Street Address 605 Putnam Pike | | |
| City Greenville | State RI | Zip 02828 | City Greenville | State RI | Zip 02828 |
| 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 |
| | | | 100 | | common |
| | | | PAR VALUE | | None |
| 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 Bruce Beaumier | | | | Date 02/08/23 | |
| Signature of Authorized Representative | | | | | |

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