RI SOS Filing Number: 202447055410 Date: 2/22/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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Annual Report for the year: 2024
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
000068941	MARIO FONSECA PEST CONT INC.			
3. Principal Office Address		City	State	Zip
42 MEADOWCREST RD		CUMBERLAND	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561710				
5. State of Incorporation	PEST CONTROL / HOME INSPECTIONS			
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
MARIO A. FONSECA			GRACE A. FONSECA		
Street Address			Street Address		
42 MEADOWCREST RD			42 MEADOWCREST RD		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02860	CUMBERLAND	RI	02864
Secretary Name			Treasurer Name		
MARIO A. FONSECA			MARIO A. FONSECA		
Street Address			Street Address		
SAME			SAME		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0		0

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.

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.

Name of Authorized Representative	Date
MARIO A. FONSECA	2-22-24

Signature of Authorized Representative

FILED
FEB 22 2024
BY MC T2QC1C

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

FORM 630- Revised: 12/2023