



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:

Corporation

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

REC'D RIDOS BSD  
24 FEB 22 AM 11:17:13

1. Entity ID Number 000068941		2. Exact name of the Corporation MARIO FONSECA PEST CONT INC.			
3. Principal Office Address 42 MEADOWCREST DR		City CUMBERLAND	State R-I	Zip 02864	
4. NAICS Code 561410		6. Brief description of the character of business conducted in Rhode Island PEST CONTROL / HOME INSPECTIONS			
5. State of Incorporation R-I					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name MARIO A. FONSECA		Vice-President Name GRACE A. FONSECA			
Street Address 42 MEADOWCREST DR		Street Address 42 MEADOWCREST DR			
City CUMBERLAND	State R-I	Zip 02860	City CUMBERLAND	State R-I	Zip 02864
Secretary Name MARIO A. FONSECA		Treasurer Name MARIO A. FONSECA			
Street Address SAME		Street Address SAME			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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. <b>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.</b>					
Name of Authorized Representative MARIO A. FONSECA				Date 2-22-24	
Signature of Authorized Representative 					

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

FEB 22 2024  
BY ML T2 QGC

FORM 630- Revised: 12/2023