



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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

APR 21 2025



BY 1788

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 56171		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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	common	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. 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 Bruce Beaumier					Date 4/15/25
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

FORM 630 Revised: 12/2023