



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

Annual Report for the year: 2017
 Corporation

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

1. Entity ID Number 126216		2. Exact name of the Corporation STERIPEST SERVICES INC.				
3. Principal Office Address 45 Bishop Hill Rd			City Johnston	State RI	Zip 02919	
4. NAICS Code S&I		6. Brief description of the character of business conducted in Rhode Island PEST CONTROL SERVICE & SALES				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name VINCENT A RITTER			Vice-President Name SAME			
Street Address 45 Bishop Hill Rd			Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip	
Secretary Name SAME			Treasurer Name SAME			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name VINCENT A RITTER			Director Name SAME			
Street Address 45 Bishop Hill Rd			Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip	
Director Name SAME			Director Name SAME			
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	
		10000			0.00	
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 VINCENT A RITTER				Date 4-24-17		
Signature of Authorized Representative <i>Vincent A Ritter</i>				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

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