



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

Annual Report for the year: 2018
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 106101		2. Exact name of the Corporation RELIABLE PEST CONTROL, INC.			
3. Principal Office Address 6 FRANCIS STREET			City BRISTOL	State RI	Zip 02809
4. NAICS Code 561710		6. Brief description of the character of business conducted in Rhode Island TO CONDUCT A PEST CONTROL BUSINESS IN RHODE ISLAND			
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 ARMAND P. CENTAZZO			Vice-President Name MICHAEL T. HOFFMAN		
Street Address 55 FATIMA DRIVE			Street Address 316 STATE STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name JANE M. CENTAZZO			Treasurer Name		
Street Address 55 FATIMA DRIVE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ARMAND P. CENTAZZO			Director Name JANE M. CENTAZZO		
Street Address 55 FATIMA DRIVE			Street Address 55 FATIMA DRIVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name MICHAEL T. HOFFMAN			Director Name		
Street Address 316 STATE STREET			Street Address		
City BRISTOL	State RI	Zip 02809	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
		100		COMMON	NO PAR
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 MICHAEL T. HOFFMAN				Date FILED	
Signature of Authorized Representative 				FEB 28 2018 	

MAIL TO:
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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