



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

Annual Report for the year: 2019
Corporation

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

FILED
MAR 21 2019
 BY 7180 QS

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 RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL T. HOFFMAN			Vice-President Name MICHAEL T. HOFFMAN		
Street Address 316 STATE STREET			Street Address 316 STATE STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name MICHAEL T. HOFFMAN			Treasurer Name		
Street Address 316 STATE STREET			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 MICHAEL T. HOFFMAN			Director Name		
Street Address 316 STATE STREET			Street Address		
City BRISTOL	State RI	Zip 02809	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100		NO PAR
			CLASS/SERIES		
			COMMON		
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 MICHAEL T. HOFFMAN					Date 3/13/19
Signature of Authorized Representative SIGN DOCUMENT HERE					

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