



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

**STAMP**

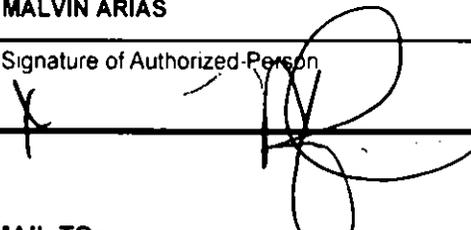
**Annual Report for the year:** 2020  
**Limited Liability Company**

**FILED** FOR SECRETARY OF STATE  
RI ONLY

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

SEP 30 2020

BY DA33 OS

1. Entity ID Number <b>001666395</b>		2. Exact name of the Limited Liability Company <b>USA PEST CONTROL, LLC</b>			
3. NAICS Code <u>50110</u> <b>81 - Other Services (except P)</b>		4. Brief description of the character of business conducted in Rhode Island <b>WORK INVOLVES THE REMOVAL OF UNWANTED CRITTERS, SUCH AS ROACHES, RATS, MICE, FRUIT FLIES, ANTS, BEDBUGS AND OTHER OCCASIONAL INVADERS INFESTING COMMERCIAL BUILDINGS, RESIDENTIAL HOMES AND FROM SURROUNDING AREA</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>7 HAMMOND STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>MALVIN ARIAS</b>			Contact Title <b>MANAGER</b>		
Street Address <b>7 HAMMOND STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<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 Person <b>MALVIN ARIAS</b>				Date <b>09/11/2020</b>	
Signature of Authorized Person 				<b>SIGN DOCUMENT HERE</b>	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov