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

Annual Report for the year: 2020
Corporation

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

STAMP FOR

1. Entity ID Number	2. Exact name of the Corporation			
830365	Cobra Pest Control, Inc.			
3. Principal Office Address		City	State	Zip
170 Cedar Avenue		East Greenwich	RI	02818
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561710	Pest control			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Robert Sullivan	Robert Sullivan
Street Address: 170 Cedar Avenue	Street Address: 170 Cedar Avenue
City: East Greenwich, State: RI, Zip: 02818	City: East Greenwich, State: RI, Zip: 02818
Secretary Name	**Treasurer Name**
Robert Sullivan	Robert Sullivan
Street Address: 170 Cedar Avenue	Street Address: 170 Cedar Avenue
City: East Greenwich, State: RI, Zip: 02818	City: East Greenwich, State: RI, Zip: 02818

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8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
None	
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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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.

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	Date
Robert Sullivan, President	12/18/2020

Signature of Authorized Representative: SIGN DOCUMENT HERE

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

FILED
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BY Cu 8765
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FORM 630 - Revised: 10/2017