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

FILED
MAR 19 2021
BY 1007

Annual Report for the year: 2021
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	2. Exact name of the Corporation			
84849	Narragansett Pest Control Inc.			
3. Principal Office Address		City	State	Zip
4060 Tower Hill RD.		Wakefield	RI	02879
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561710	Narragansett Pest Control: pest control + repairs			
5. State of Incorporation	All Outdoors: Sale + Service outdoor equipment			
RI				

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

President Name			Vice-President Name		
Margaret Siligato			James Siligato		
Street Address			Street Address		
24 Rhode Island Ave.			24 Rhode Island Ave.		
City	State	Zip	City	State	Zip
Narragansett	RI	02882	Narragansett	RI	02882
Secretary Name			**Treasurer Name**		
Jesse Siligato			Margaret Siligato		
Street Address			Street Address		
28 Rhode Island Ave			24 Rhode Island Ave.		
City	State	Zip	City	State	Zip
Narragansett	RI	02882	Narragansett	RI	02882

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

Director Name			Director Name		
Margaret Siligato					
Street Address			Street Address		
24 Rhode Isl. Ave.					
City	State	Zip	City	State	Zip
Narragansett	RI	02882			
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.

Changes require an additional filing

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	STK	None

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
Margaret Siligato	2/28/21

Signature of Authorized Representative: Margaret Siligato

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

FORM 630 - Revised: 10/2017