



State of Rhode Island

## Department of State - Business Services Division

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 Annual Report for the year 2020  
 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                                  |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1. Entity ID Number<br><u>001694202</u>                                                                                                                                                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><u>Pine Tree Pest Control, LLC</u>                             |                                        |
| 3. NAICS Code<br><u>561710</u>                                                                                                                                                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Rodent, insect elimination</u> |                                        |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                                                                                                                                                          |       |                                                                                                                  |                                        |
| 6. Principal Office Address<br><u>15 Ballou st</u>                                                                                                                                                                                                                                                                                          |       | City<br><u>Pawtucket</u>                                                                                         | State<br><u>RI</u> Zip<br><u>02860</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                                                                                                                                                         |       |                                                                                                                  |                                        |
| Contact Name                                                                                                                                                                                                                                                                                                                                |       | Contact Title<br><u>OWNER Operator</u>                                                                           |                                        |
| Street Address                                                                                                                                                                                                                                                                                                                              |       | City<br><u>Pawtucket</u>                                                                                         | State<br><u>RI</u> Zip<br><u>02860</u> |
| 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                         |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.<br>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 Person<br><u>John Brito</u>                                                                                                                                                                                                                                                                                              |       | Date<br><u>Dec 1, 2020</u>                                                                                       |                                        |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                                                                                                                                                        |       |                                                                                                                  |                                        |

## MAIL TO:

Division of Business Services

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DEC 30 2021

 FILED  
 J. J. RYAN  
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