



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

**MAY 22 2023**

*NBLO*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>42401</b>		2. Exact name of the Corporation <b>SUMMIT PEST CONTROL, INC.</b>			
3. Principal Office Address <b>80 Mill Street</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
4. NAICS Code <b>813990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Manufacture, sell and deal in the extermination of insects or animals or general building and house repairs</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) _____					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Corina Alpaio</b>			Vice-President Name <b>Corina Alpaio</b>		
Street Address <b>80 Mill Street</b>			Street Address <b>80 Mill Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name <b>Corina Alpaio</b>			Treasurer Name <b>Corina Alpaio</b>		
Street Address <b>80 Mill Street</b>			Street Address <b>80 Mill Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
8. List ALL directors (names and addresses) _____					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Corina Alpaio</b>			Director Name		
Street Address <b>80 Mill Street</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>400</b>		<b>Common</b>	<b>No Par Value</b>
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.					
<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 Representative <b>Corina Alpaio, President</b>					Date
Signature of Authorized Representative <i>Corina Alpaio</i>					

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