



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

MAY 22 2023

178602

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

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov