RI SOS Filing Number: 202336046170 Date: 5/24/2023 4:00:00 PM

| N. Etting period: Cabrupa, 1 - May 1 | 112 |
|--|----------|
| → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. | DATE |
| 1. Entity ID Number 2. Exact name of the Limited Liability Company | |
| 00-1666395 USA Pest control (CC | |
| A Brief description of the character of business conducted in Rhode Island | |
| 561710 purks involves for Remain of munited critters | |
| 5. State of Formation R T | |
| 6. Principal Office Address 7 Hammand ST City Providence State 2029 | 09 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | |
| Contact Name Malvis ARias Contact Title Owner CTO | |
| Street Address -7 Hammand ST City Prav State RT 20029 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | |
| 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. | <u> </u> |
| Name of Authorized Person Malvip J. And 3 Date 5-24-25 | 3 |
| Signature of Authorized Person | |
| | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

State of Rhode Island

WO FILED 243 MAY 24 2023 BY_H6NXZ

FORM 632 - Revised: 2/2023