

State of Rhode Island

## **Department of State - Business Services Division**

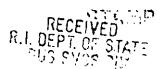
Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31



2077 MAY 31 0

Penalty: Additional \$25.0	ou ree ir form is n	of filed by May 31.				131 P 1:58	
Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
001703820	DONE	DONE RIGHT PEST CONTROL, INC.					
3. Principal Office Address			City		State RI	Zip	
30 STARR ST			JOHNST	JOHNSTON		02919	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
561710	EXTERM	EXTERMINATION AND PEST CONTROL SERVICES					
5. State of Incorporation RI							
7. List ALL officers (names and	addresses)		T	Checl	k the box to i	ndicate an attachment 🔲	
President Name DONALD D	Vice-President Name PAUL MCCARTHY						
Street Address 3 GRAY CO.	Street Address 122 JEPSON ST						
City CRANSTON	State RI	<sup>Žip</sup> 02921	City FALL RIVER		State M.	State MA Zip 02723	
Secretary Name PAUL MCCARTHY			Treasurer Name DONALD DEPETRILLO				
Street Address 122 JEPSON ST			Street Address 3 GRAY COACH LANE #313				
City FALL RIVER	State MA	<sup>Zip</sup> 02723	City CRANSTON		State RI	17	
8. List ALL directors (names an	id addresses)		<u> </u>	Chec	k the box to i	ndicate an attachment	
Director Name			Director Name	3			
Street Address	Street Address						
City	State	Zip	City		State	Zıp	
Director Name	<u>l</u>	I	Director Name	?	1		
Street Address			Street Address				
City	State	Zıp	City		State	Zrp	
9. Shares Authorized		10 Shares Iss	ued	Chec	the box to	ndicate an attachment 🔲	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF	SHARES			PAR VALUE	
		1000		COMMON		NO PAR	
<b>3,</b>	J.						
11. This report must be execute trustee, this report must be exe					oration is in	the hands of a receiver or	
Under penalty of perjury, I de statements, and that all state	clare and affirm	that I have examine	ed this report, i		mpanying s	chedules and	
Name of Authorized Represent		Date					
DONALD DEPETRILL		05/31/2023					
Signature of Atthorized Repres	sextative		FILE	ED .			

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 3 1 2023

FORM 630 - Revised: 11/2021