



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.

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BUS SVCS DIV

2023 MAY 31 P 1:58

1. Entity ID Number <b>001703820</b>		2. Exact name of the Corporation <b>DONE RIGHT PEST CONTROL, INC.</b>					
3. Principal Office Address <b>30 STARR ST</b>		City <b>JOHNSTON</b>		State <b>RI</b>	Zip <b>02919</b>		
4. NAICS Code <b>561710</b>		6. Brief description of the character of business conducted in Rhode Island <b>EXTERMINATION AND PEST CONTROL SERVICES</b>					
5. State of Incorporation <b>RI</b>							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>DONALD DEPETRILLO</b>			Vice-President Name <b>PAUL MCCARTHY</b>				
Street Address <b>3 GRAY COACH LANE #313</b>			Street Address <b>122 JEPSON ST</b>				
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02723</b>		
Secretary Name <b>PAUL MCCARTHY</b>			Treasurer Name <b>DONALD DEPETRILLO</b>				
Street Address <b>122 JEPSON ST</b>			Street Address <b>3 GRAY COACH LANE #313</b>				
City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02723</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>							
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			1000			COMMON	NO PAR
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>DONALD DEPETRILLO</b>					Date <b>05/31/2023</b>		
Signature of Authorized Representative 							

FILED

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAY 31 2023

ML 5064

FORM 630 - Revised: 11/2021