	State of F Office of the S	Rhode Island Secretary of	-	Fee: \$50.00
	Division Of I	Business Servi	ces	
148 W. River Street Providence RI 02904-2615				
7636		RI 02904-261 222-3040	5	
Limited Liability Annual Report Filing Period: Febr				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>				
1. ID No. <u>001660481</u>				
2. Exact Name of the Limited Liability Company Pest Assassins, LLC				
3. State of Forma	ation			
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>561710</u>				
4. Brief Descripti Island	on of the Character of the Busin	ess Which is <i>I</i>	Actually Condu	cted in Rhode
RESIDENTIAL AND COMMERCIAL PEST EXTERMINATOR SERVICES.				
5. Principal Offic	e Address			
No. and Street:	50 LITTLEFIELD ROAD			
City or Town:	EAST GREENWICH	State: <u>RI</u>	Zip: <u>02818</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: (
No. and Street: City or Town:	<u>50 LITTLEFIELD ROAD</u> <u>EAST GREENWICH</u>	State: <u>RI</u>	Zip: <u>02818</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
MICHAEL CABRAL 50 LITTLEFIELD ROAD EAST GREENWICH , RI 02818				

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 14 Day of February, 2024 at 10:27:47 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>MICHAEL CABRAL</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved