



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 07 2024
BY 2508

1. Entity ID Number 000138535		2. Exact name of the Corporation DOA EXTERMINATION, INC.			
3. Principal Office Address 46 Edgewater Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 561710		6. Brief description of the character of business conducted in Rhode Island Restaurant business together with all things incidental thereto			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott E. Christensen			Vice-President Name		
Street Address 46 Edgewater Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Scott E. Christensen			Treasurer Name Scott E. Christensen		
Street Address 46 Edgewater Road			Street Address 46 Edgewater Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					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 Scott E. Christensen, President					Date 3-1-2024
Signature of Authorized Representative 					

MAIL TO:
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