RI SOS Filing Number: 202454576690 Date: 5/6/2024 4:00:00 PM

State of Rhode Island				FILED			
Annual Report for the year:	ate - Business Services Division 2024				MAY 0 8 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.							
Entity ID Number	2. Exact name of the Corporation						
42401	SUMMIT PEST CONTROL, INC.						
3. Principal Office Address 80 Mill Street			City Cranst		State RI	^{Zip} 02905	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island Manufacture, nell and deal in the extermination of inspects or animals or						
813990 5. State of Incorporation RI	Manufacture, sell and deal in the extermination of insects or animals or general building and house repairs						
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Corina Alpaio			Vice-President Name Corina Alpaio				
Street Address 80 Mill Street			Street Address 80 Mill Street				
Cranston	State RI	^{Zıp} 02905	Cranston			RI 02905	
Secretary Name Corina Alpaio Treasurer Name Corina Alpaio							
Street Address 80 Mill Street				Street Address 80 Mill Street			
^{City} Cranston	State RI	^{Z_{ip}} 02905	^{City} Cranston		State	RI ^{Z_{ip}} 02905	
8. List ALL directors (names and a	ddresses)		Director No		box to indi	cate an attachment	
Corina Alpaio Director Name							
Street Address 80 Mill Street			Street Address				
^{City} Cranston	State RI	^{Z·p} 02905	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu		Check th		icate an attachment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.		400	SHARES	Common 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							
Corina Alpaio, President						26-24	
Signature of Authorized Representative							

MAIL TO:

Division of Business Services

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

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