State of Rhode Island
Department of State - Business Services Division

FILED
MAY 08 2024
BY 1506

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.

1. Entity ID Number	2. Exact name of the Corporation			
42401	SUMMIT PEST CONTROL, INC.			
3. Principal Office Address		City	State	Zip
80 Mill Street		Cranston	RI	02905
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
813990	Manufacture, sell and deal in the extermination of insects or animals or general building and house repairs			
5. State of Incorporation				
RI				

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		
City: Cranston	State: RI	Zip: 02905	City: Cranston	State: RI	Zip: 02905
Secretary Name: Corina Alpaio			Treasurer Name: Corina Alpaio		
Street Address: 80 Mill Street			Street Address: 80 Mill Street		
City: Cranston	State: RI	Zip: 02905	City: Cranston	State: RI	Zip: 02905

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Corina Alpaio			Director Name		
Street Address: 80 Mill Street			Street Address		
City: Cranston	State: RI	Zip: 02905	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	400	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	Date
Corina Alpaio, President	4-26-24

Signature of Authorized Representative: Corina A. Alpaio

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023