



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD

FEB 11 2025

BY 25006

1. Entity ID Number 100870		2. Exact name of the Corporation DEBUG Pest Control, Inc.	
3. Principal Office Address 41 Cedar Swamp Road, Suite D City Smithfield State RI Zip 02917			
4. NAICS Code 325320		6. Brief description of the character of business conducted in Rhode Island To conduct pest remediation all other lawful purposes.	
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 William P. Horgan		Vice-President Name Trish E. Horgan	
Street Address 41 Cedar Swamp Road, Suite D		Street Address 41 Cedar Swamp Road, Suite D	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name William P. Horgan		Treasurer Name William P. Horgan	
Street Address 41 Cedar Swamp Road, Suite D		Street Address 41 Cedar Swamp Road, Suite D	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name n/a		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		320	CLASS/SERIES
		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 William P. Horgan., President			Date 2/5/25
Signature of Authorized Representative 			

MAIL TO:
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