



**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.

**FILED**

MAILED  
MAY 19 2025  
BY [Signature]  
RECEIVED  
R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2025 MAY 19 P 3:58

1. Entity ID Number <b>00830365</b>		2. Exact name of the Corporation <b>Cobra Pest Control, Inc.</b>	
3. Principal Office Address <b>170 Cedar Avenue</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
4. NAICS Code <b>561710</b>	6. Brief description of the character of business conducted in Rhode Island <b>Pest Control</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Robert Sullivan</b>		Vice-President Name <b>Robert Sullivan</b>	
Street Address <b>170 Cedar Avenue</b>		Street Address <b>170 Cedar Avenue</b>	
City <b>East Greenwich</b>	State <b>RI</b>	City <b>East Greenwich</b>	State <b>RI</b>
Zip <b>02818</b>		Zip <b>02818</b>	
Secretary Name <b>Robert Sullivan</b>		Treasurer Name <b>Robert Sullivan</b>	
Street Address <b>170 Cedar Avenue</b>		Street Address <b>170 Cedar Avenue</b>	
City <b>East Greenwich</b>	State <b>RI</b>	City <b>East Greenwich</b>	State <b>RI</b>
Zip <b>02818</b>		Zip <b>02818</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>None</b>		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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			No Par
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. <b>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.</b>			
Name of Authorized Representative <b>Robert Sullivan, President</b>		Date <b>5/1/2025</b>	
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](http://www.sos.ri.gov)