



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

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

1. Entity ID Number 00830365	2. Exact name of the Corporation Cobra Pest Control, Inc.
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3. Principal Office Address 170 Cedar Avenue	City East Greenwich	State RI	Zip 02818
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4. NAICS Code 561710	6. Brief description of the character of business conducted in Rhode Island Pest Control
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 Robert Sullivan				Vice-President Name Robert Sullivan			
Street Address 170 Cedar Avenue				Street Address 170 Cedar Avenue			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818		
Secretary Name Robert Sullivan				Treasurer Name Robert Sullivan			
Street Address 170 Cedar Avenue				Street Address 170 Cedar Avenue			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818		

8. List ALL directors (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None						Director Name					
Street Address						Street Address					
City	State	Zip	City	State	Zip	City	State	Zip	City	State	Zip
Director Name						Director Name					
Street Address						Street Address					
City	State	Zip	City	State	Zip	City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES		CLASS/SERIES	PAR VALUE		
	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.

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 Robert Sullivan, President	Date 5/1/2025
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Signature of Authorized Representative
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