



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 3302		2. Name of Corporation CPI CONTROLS INC.			
3. Street Address Principal Business Office 29 MENDON AVENUE			City PAWTUCKET	State RI	Zip 02861
4. Business Phone No. (401) 722-5900		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island INDUSTRIAL DISTRIBUTOR OF PIPE AND VALVE SYSTEMS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN RUGGIERI			Vice President Name JAMES F. MCMENAMY		
Street Address 191 BRETTON WOODS DRIVE			Street Address 4 GLENDALE MIDDLE ROAD		
City CRANSTON	State RI	Zip 02920	City STOCKBRIDGE	State MA	Zip 01262
Secretary Name JOHN RUGGIERI			Treasurer Name JOHN RUGGIERI		
Street Address 191 BRETTON WOODS DRIVE			Street Address 191 BRETTON WOODS DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN RUGGIERI			Director Name NICOLE RUGGIERI LEHOURITES		
Street Address 191 BRETTON WOODS DRIVE			Street Address 39 BEECHWOOD DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 01921
Director Name PETER ROTELLI ESQ.			Director Name JAMES F. MCMENAMY		
Street Address 26 BRIDGHAM FARM ROAD			Street Address 4 GLENDALE MIDDLE ROAD		
City EAST PROVIDENCE	State RI	Zip 02916	City STOCKBRIDGE	State MA	Zip 01262
9. SHARES AUTHORIZED 100,000			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares		Par Value
			100,000		\$1.00 PAR

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.

File Date	1-16-09
Check No.	9126
By:	<i>mnc</i>
FOR SECRETARY OF STATE USE ONLY	

#1

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.

John Ruggieri 1/13/09
Signature Date
John Ruggieri
Print or Type Name
PRESIDENT
Title



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President Name PAGE 2 CONTINUATION OF OFFICERS & DIRECTORS			Vice President Name NICOLE RUGGIERI LEHOURITES		
Street Address			Street Address 39 BEECHWOOD DRIVE		
City	State	Zip	City	State	Zip
			CRANSTON	RI	02921
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RICHARD REILAND			Director Name NEIL CASSIDY		
Street Address 3 TREASURE WAY			Street Address 1390 PARK STREET		
City	State	Zip	City	State	Zip
ASHLAND	MA	01721	ATTLEBORO	MA	02702
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 100,000	Class/Series COMMON CLASS	Par Value \$1.00 PAR

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.

File Date	1-16-09
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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.

Signature: John Ruggieri Date: 1/13/09
Print or Type Name: John Ruggieri
Title: PRESIDENT