



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000686013</b>		2. Exact name of the Corporation <b>Connecticut Controls Corp</b>			
3. Principal office address <b>18 Industrial Park Road</b>			City <b>Centerbrook</b>	State <b>CT</b>	Zip <b>06409</b>
4. Business Phone No. <b>860-767-9747</b>			5. State of Incorporation <b>Connecticut</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Temperature Control Contractor</b>					
President Name <b>Daniel G Ferrier</b>			Vice-President Name		
Street Address <b>53 Ragged Rock Road</b>			Street Address		
City <b>Old Saybrook</b>	State <b>CT</b>	Zip <b>06475</b>	City	State	Zip
Secretary Name <b>Thomas M Laird</b>			Treasurer Name <b>Thomas M Laird</b>		
Street Address <b>8 Old Dobbin Lane</b>			Street Address <b>8 Old Dobbin Lane</b>		
City <b>Ivoryton</b>	State <b>CT</b>	Zip <b>06442</b>	City <b>Ivoryton</b>	State <b>CT</b>	Zip <b>06442</b>
<b>ADD ADDRESSES TO BOX FOR ATTACHMENT</b>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>ISSUES AUTHORIZED</b>					
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.			<b>NO SHARES ISSUED TO BOX FOR ATTACHMENT</b>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200		

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.



Form No. 630  
Revised: 01/2012

**FILED**

JUL 09 2012

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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.

07/05/2012

Signature of Authorized Representative:

Date: 07/05/2012

**Daniel G Ferrier**

Print or Type Name of Authorized Representative