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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.	2. Exact name of the Corporation		
000022651	**CONTROLLER SERVICE & SALES CO., INC.**		
3. Principal office address: **13 Robbie Road**	City: **Avon**	State: **MA**	Zip: **02322**
4. Business Phone No.: **508-513-1000**	5. State of Incorporation: **Massachusetts**		
6. Brief description of the character of business conducted in Rhode Island: **Wholesale Industrial Electrical Distribution and Light Assembly**			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **Mark M. O'Day**			Vice-President Name: **Scott R. O'Day**		
Street Address: **38 Holmes Place**			Street Address: **54 Forest Avenue**		
City: **Duxbury**	State: **MA**	Zip: **02331**	City: **Cohasset**	State: **MA**	Zip: **02025**
Secretary Name: **Nancy H. O'Day**			Treasurer Name: **Mark M. O'Day**		
Street Address: **54 Broad Reach #204**			Street Address: **38 Holmes Place**		
City: **North Weymouth**	State: **MA**	Zip: **02191**	City: **Duxbury**	State: **MA**	Zip: **02331**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: **Mark M. O'Day**			Director Name: **Scott R. O'Day**		
Street Address: **38 Holmes Place**			Street Address: **54 Forest Avenue**		
City: **Duxbury**	State: **MA**	Zip: **02331**	City: **Cohasset**	State: **MA**	Zip: **02025**
Director Name: **Nancy H. O'Day**			Director Name:		
Street Address: **54 Broad Reach #204**			Street Address:		
City: **North Weymouth**	State: **MA**	Zip: **02191**	City:	State:	Zip:

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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	247.5	Common	No Par Value

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 _____

Check No _____

By: _____

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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.

08/23/2012
Signature of Authorized Representative — Date

Mark M. O'Day, Director
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
82364-1-771641