STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	*2. Name of Corporation*
139369	ATLANTIC INSTRUMENT AND CONTROLS SERVICE, INC.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
87 VAN ZANDT AVENUE	NEWPORT	RI	02840

4. Business Phone No	*5. State of Incorporation*	*6. SIC Code*
401-846-2345	RHODE ISLAND	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE INDUSTRIAL AND TECHNICAL CONSULTING SERVICES AND ANY OTHER VALID RI BUSINESS PURPOSE.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	*Vice President Name*
JAMES SCALES	DONNA SCALES
Street Address	*Street Address*
87 VAN ZANDT AVENUE	87 VAN ZANDT AVENUE
City / *State* / *Zip*	*City* / *State* / *Zip*
NEWPORT / RI / 02840	NEWPORT / RI / 02840
Secretary Name	*Treasurer Name*
JAMES SCALES	DONNA SCALES
Street Address	*Street Address*
87 VAN ZANDT AVENUE	87 VAN ZANDT AVENUE
City / *State* / *Zip*	*City* / *State* / *Zip*
NEWPORT / RI / 02840	NEWPORT / RI / 02840

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000		NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 139369 [redacted]

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.

James C Scales 2/14/05
Signature of Officer *Date*

JAMES SCALES
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

File Date	2-17-05
Check No	2406
By	KB

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Form 630 12/01