

State of Rhode Island

Department of State - Business Services Division

Annual	Report	for	the	year:	2019	
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Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

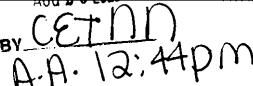
2020 AUG 26 PM 12: LO

Penaity: Additional \$25										
1. Entity ID Number		2. Exact name of the Corporation								
853562	CONTROL	CONTROL TECHNOLOGIES, INC.								
3. Principal Office Address			City State			Zip				
111 ZACHARY ROAD			MANCHEST	ER	NH	03109				
4. NAICS Code	6. Brief descr	iption of the charac	cter of business co	nducted in Rh	ode Island					
238220	HVAC CON	HVAC CONTROLS CONTRACTOR								
5. State of Incorporation										
VERMONT										
7. List ALL officers (names ar	nd addresses)			С	heck the box to indica	ate an attachment				
President Name F. BRUCE ME	Vice-President Name LEONARD M. PATTISON									
Street Address 111 ZACHARY	Street Address 121 PARK AVENUE, SUITE 10									
City MANCHESTER	State NH	Z ₁ p ₀₃₁₀₉		City WILLISTON		^{Zip} 05495				
Secretary Name		Treasurer Name								
Street Address			Street Address							
City	State	Zip	City		State	Zip				
8. List ALL directors (names a	and addresses)			C	heck the box to indica	ate an attachment 🔲 !				
Director Name F. BRUCE MEI	Director Name LEONARD M. PATTISON									
Street Address 111 ZACHAR)	Street Address 121 PARK AVENUE, SUITE 10									
City MANCHESTER	State NH	Z ₁ P ₀₃₁₀₉	City WILLIST	City WILLISTON		^{Zip} 05495				
Director Name	Director Name			Director Name						
Street Address	Street Address									
City	State	Zıp	City		State	Zip				
9. Shares Authorized		10. Shares Iss	sued	С	heck the box to indica	ate an attachment				
This information is currently o	f record in the	NUMBER C			/SERIES	PAR VALUE				
Department of State.		800		Α	NI	PV				
Changes require an additional	filing.									
11. This report must be execu	ited on behalf of the	corporation by an	authorized represe	ntative. If the	corporation is in the h	ands of a receiver or				
trustee, this report must be e	xecuted on behalf of	the corporation by	the receiver or tru	stee.						
Under penalty of perjury, I (statements, and that all sta				ciuding any a	ccompanying sched	luies and				
Name of Authorized Represe	••••••	Date								
JOHN P. CURTIN, CFO	eu en	08/24/2020								
Signature of Authorized Repr	esentative		FILEV							
7 - 1 W			ALIC 9 6 2020							

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



* FORM 630 - Revised: 08/2020