



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 AUG 26 PM 12:40

1. Entity ID Number 853562		2. Exact name of the Corporation CONTROL TECHNOLOGIES, INC.			
3. Principal Office Address 111 ZACHARY ROAD		City MANCHESTER		State NH	Zip 03109
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island HVAC CONTROLS CONTRACTOR			
5. State of Incorporation VERMONT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name F. BRUCE MERGES			Vice-President Name LEONARD M. PATTISON		
Street Address 111 ZACHARY ROAD			Street Address 121 PARK AVENUE, SUITE 10		
City MANCHESTER	State NH	Zip 03109	City WILLISTON	State VT	Zip 05495
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name F. BRUCE MERGES			Director Name LEONARD M. PATTISON		
Street Address 111 ZACHARY ROAD			Street Address 121 PARK AVENUE, SUITE 10		
City MANCHESTER	State NH	Zip 03109	City WILLISTON	State VT	Zip 05495
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			800	A	NPV
11. 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. 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.					
Name of Authorized Representative JOHN P. CURTIN, CFO					Date 08/24/2020
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED
AUG 26 2020
BY CETNN
A.A. 12:44pm

FORM 630 - Revised: 08/2020