



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000022651		2. Exact name of the Corporation Controller Service & Sales Co.		2021 JAN 14 P 1:25										
3. Principal Office Address 13 Robbie Road			City Avon	State MA	Zip 02322									
4. NAICS Code 42	6. Brief description of the character of business conducted in Rhode Island Service & Sales of electrical components													
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒														
President Name			Vice-President Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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 ☐														
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									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/ST-RILS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>CNP</td> <td>00000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/ST-RILS	PAR VALUE	500	CNP	00000			
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500	CNP	00000												
Changes require an additional filing.														
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				Date										
Signature of Authorized Representative				1/7/2021										

FILED

JAN 14 2021

1:29

BY 60744

Officers

President: Mark M. O'Day
38 Holmes Place
Duxbury, MA 02331

Vice President: Scott R. O'Day
90 Chittenden Lane
Cohasset, MA 02025

Directors

Mark M. O'Day
38 Holmes Place
Duxbury, MA 02331

Scott R. O'Day
90 Chittenden Lane
Cohasset, MA 02025

Nancy H O'Day
54 Broad Reach
Unit# 204
North Weymouth, MA 02191