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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 12 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
139369	ATLANTIC INSTRUMENT AND CONTROLS SERVICE, INC.

3. Principal Office Address	City	State	Zip
168 OLD BULGARMARSH ROAD	TIVERTON	RI	02878

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541712	TO PROVIDE INDUSTRIAL AND TECHINICAL CONSULTING SERVICES
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JAMES SCALES			Vice-President Name: DONNA SCALES		
Street Address: 168 OLD BULGARMARSH ROAD			Street Address: 168 OLD BULGARMARSH ROAD		
City: TIVERTON	State: RI	Zip: 02878	City: TIVERTON	State: RI	Zip: 02878
Secretary Name: JAMES SCALES			Treasurer Name: DONNA SCALES		
Street Address: 168 BULGARMARSH ROAD			Street Address: 168 BULGARMARSH ROAD		
City: TIVERTON	State: RI	Zip: 02878	City: TIVERTON	State: RI	Zip: 02878

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
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.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	NO PAR

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
DONNA M. SCALES, VICE-PRESIDENT/TREASURER	2/9/21

Signature of Authorized Representative: Donna M Scales

MAIL TO:
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