



State of Rhode Island

Department of State - Business Services Division

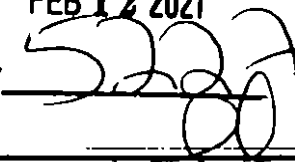
FILED**Annual Report for the year:** 2021
Corporation

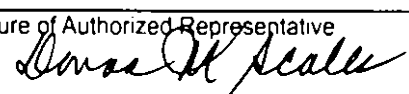
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FEB 12 2021

BY 

1. Entity ID Number 139369		2. Exact name of the Corporation ATLANTIC INSTRUMENT AND CONTROLS SERVICE, INC.			
3. Principal Office Address 168 OLD BULGARMARSH ROAD			City TIVERTON	State RI	Zip 02878
4. NAICS Code 541712		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE INDUSTRIAL AND TECHNICAL 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 1000	CLASS/SERIES COMMON	PAR VALUE 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 DONNA M. SCALES, VICE-PRESIDENT/TREASURER				Date 2/9/21	
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