



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

MAY 08 2023

5335

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 <input type="checkbox"/>					
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 OLD BULGARMARSH ROAD			Street Address 168 OLD 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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/STRIKES	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 DONNA M. SCALES, VICE-PRESIDENT/TREASURER				Date 5/3/23	
Signature of Authorized Representative <i>Donna M. Scales</i>					

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov