RI SOS Filing Number: 202342317190 Date: 10/20/2023 8:36:00 AM



## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company** 

2022

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

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

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4.5.45.45.44					
1. Entity ID Number	2. Exact name of the Limited Liability Company				
1727673	Control System Integrators, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
541512	Engineering & Business Technology Services provider.				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
76 Doyle Ave		Providence	RI	02906	
7. Mailing Address of Limited L	iability Company and Name or Ti	tle of Contact Person			
Contact Name Bruce Schaller		Contact Title Owner			
Street Address 76 Doyle Ave		City Providence	State RI	<sup>Zlp</sup> 02906	
8. The Resident Agent Informa	tion currently of record with the R	I Department of State is accu	rate. Changes require	e filing Form 642.	
9. Under penalty of perjury, I statements, and that all state	declare and affirm that I have e ements contained herein are tr	exemined this report, include and correct.	ding any accompany	ing schedules and	
Name of Authorized Person			Date	Date	
Bruce Schaller			19-OCT-2023		
Signature of Arthorized Person					

FILED

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MAIL TO:

**Division of Business Services** 

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

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