

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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1. Entity ID Number	2. Exact name of the Limited Liability Company Control System Integrators, LLC			
3. NAICS Code 541512	Brief description of the character of business conducted in Rhode Island 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	Title of Contact Person		
Contact Name Bruce Schaller		Contact Title Owner		
Street Address 76 Doyle Ave		City Providence	State RI	^{Zip} 02906
8. The Resident Agent informa	tion currently of record with the	RI 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 ements contained herein are	e exemined this report, includ true and correct.	ling any accompany	ing schedules and
Name of Authorized Person			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

Phone: (401) 222-3040 Website: www.sos.ri.gov