

State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

JAN 26 2024

- > 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 <u>1700122</u>		2. Exact name of the Corporation PROCESS CONTROL SOLUTIONS, INC.			
3. Principal Office Address 577A HARTFORD TURNPIKE			City SHREWSBURY	State MA	Zip 01545
4. NAICS Code 423800		6. Brief description of the character of business conducted in Rhode Island EQUIP & SUPPLIES			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT DAVIS			Vice-President Name SCOTT WILLIAMS		
Street Address 15 SAXON LANE			Street Address 67 HOLMAN STREET		
City SHREWSBURY	State MA	Zip 01545	City SHREWSBURY	State MA	Zip 01545
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JON-MICHAEL SEELY			Director Name MARY THIBEAULT		
Street Address 1493 CLINTON DRIVE			Street Address 132 FOREST HILL DRIVE		
City YARDEY	State PA	Zip 19067	City OAKHAM	State MA	Zip 01608
Director Name			Director Name		
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/SERIES	PAR VALUE
		21111			0
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 <u>RD</u>				Date <u>1/18/24</u>	
Signature of Authorized Representative ROBERT DAVIS <u>RD</u>					

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