



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

STAMP

RECD RI SOS
01-10-2024
4 28 PM

1. Entity ID Number 000022651		2. Exact name of the Corporation CONTROLLER SERVICE & SALES CO., INC.	
3. Principal Office Address 70 Ernest St		City Providence	State RI
		Zip 09205	
4. NAICS Code 423610	6. Brief description of the character of business conducted in Rhode Island Manufacturing business		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name		Vice-President Name	
		Scott O'Day	
Street Address		Street Address	
		13 Robble Road	
City	State	City	State
		Avon	MA
Zip		Zip	
		02322	
Secretary Name		Treasurer Name	
Scott O'Day		Scott O'Day	
Street Address		Street Address	
13 Robble Road		13 Robble Road	
City	State	City	State
Avon	MA	Avon	MA
Zip		Zip	
02322		02322	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Mark O'Day			
Street Address		Street Address	
13 Robble Road			
City	State	City	State
Avon	MA		
Zip		Zip	
02322			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		248	
		0.00	
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		Date	
Scott O'Day		01/09/2024	
Signature of Authorized Representative			
Scott R. O'Day			

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2616
Phone: (401) 222-3040
Web site: www.sos.ri.gov

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FORM 630 - Revised: 2/2023