



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  
REC'D R.I.D.S. B.S.S. DIVISION  
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24 MAR 4

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		8. 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name Scott O'Day		
Street Address			Street Address 13 Robble Road		
City	State	Zip	City Avon	State MA	Zip 02322
Secretary Name Scott O'Day			Treasurer Name Scott O'Day		
Street Address 13 Robble Road			Street Address 13 Robble Road		
City Avon	State MA	Zip 02322	City Avon	State MA	Zip 02322
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Mark O'Day			Director Name		
Street Address 13 Robble Road			Street Address		
City Avon	State MA	Zip 02322	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			248		PAR VALUE 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. <i>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.</i>					
Name of Authorized Representative Scott O'Day				Date 01/09/2024	
Signature of Authorized Representative <i>Scott R. O'Day</i>					

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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.bos.ri.gov

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