



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

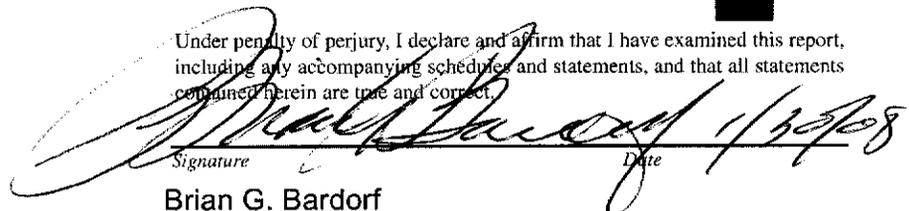
Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 55958		2. Name of Corporation SIGINTELL CORP.			
3. Street Address Principal Business Office 36 Washington Square			City Newport	State RI	Zip 02840
4. Business Phone No. (401) 845-8900		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island RESEARCHING, DEVELOPING, MANUFACTURING, MARKETING AND SELLING ELECTRONIC EQUIPMENT AND TECHNICAL SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Broackes-Carter			Vice President Name Ellen Nancy Broackes-Carter		
Street Address 36 Washington Square			Street Address 36 Washington Square		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Brian G. Bardorf			Treasurer Name Richard Broackes-Carter		
Street Address 36 Washington Square			Street Address 36 Washington Square		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard Broackes-Carter			Director Name		
Street Address 36 Washington Square			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMM	\$1.00 PAR VALUE	0		
			THIS SECTION MUST BE COMPLETED		

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.

File Date	<b>FILED</b>
Check No.	<b>FEB 13 2008</b>
By	<b>By 2215</b>
FOR SECRETARY OF STATE USE ONLY	

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.

  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Brian G. Bardorf  
Print or Type Name  
Secretary  
Title