



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000203827</b>		2. Exact name of the Corporation <b>INNOVATIVE GOVERNMENT TELECOM SOLUTIONS, INC</b>			
3. Principal Office Address <b>125 S WACKER DRIVE SUITE 2510</b>		City <b>CHICAGO</b>		State <b>IL</b>	Zip <b>60606</b>
4. Business Phone Number <b>312-212-0822</b>			5. State of Incorporation <b>ILLINOIS</b>		
6. Brief description of the character of business conducted in Rhode Island <b>TLECOMMUNICATIONS RESELLER</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Officer Name: <b>DAVID J SMAT</b> Street Address: <b>125 S WACKER DRIVE SUITE 2510</b> City: <b>CHICAGO</b> State: <b>IL</b> Zip: <b>60606</b>			Officer Name: <b>DAVID J SMAT</b> Street Address: <b>125 S WACKER DRIVE SUITE 2510</b> City: <b>CHICAGO</b> State: <b>IL</b> Zip: <b>60606</b>		
Secretary Name: <b>DAVID J SMAT</b>			Treasurer Name: <b>DAVID J SMAT</b>		
Street Address: <b>125 S WACKER DRIVE SUITE 2510</b>			Street Address: <b>125 S WACKER DRIVE SUITE 2510</b>		
City: <b>CHICAGO</b> State: <b>IL</b> Zip: <b>60606</b>			City: <b>CHICAGO</b> State: <b>IL</b> Zip: <b>60606</b>		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name: <b>DAVID J SMAT</b>			Director Name: <b>DAVID J SMAT</b>		
Street Address: <b>125 S WACKER DRIVE SUITE 2510</b>			Street Address: <b>125 S WACKER DRIVE SUITE 2510</b>		
City: <b>CHICAGO</b> State: <b>IL</b> Zip: <b>60606</b>			City: <b>CHICAGO</b> State: <b>IL</b> Zip: <b>60606</b>		
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	PAR VALUE	
		<b>1000</b>	<b>CNP</b>	<b>0.00</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>DAVID J SMAT</b>				Date <b>08/31/2016</b>	
Signature of Authorized Representative 					

FILED

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