



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 000203827		2. Exact name of the Corporation INNOVATIVE GOVERNMENT TELECOM SOLUTIONS, INC			
3. Principal Office Address 125 S WACKER DRIVE SUITE 2510		City CHICAGO		State IL	Zip 60606
4. Business Phone Number 312-212-0822		5. State of Incorporation ILLINOIS			
6. Brief description of the character of business conducted in Rhode Island TLECOMMUNICATIONS RESELLER					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
DAVID J SMAT					
Street Address 125 S WACKER DRIVE SUITE 2510			Street Address 125 S WACKER DRIVE SUITE2510		
City CHICAGO	State IL	Zip 60606	City CHICAGO	State IL	Zip 6060
Secretary Name DAVID J SMAT			Treasurer Name DAVID J SMAT		
Street Address 125 S WACKER DRIVE SUITE 2510			Street Address 125 S WACKER DRIVE SUITE 2510		
City CHICAGO	State IL	Zip 60606	City CHICAGO	State IL	Zip 60606
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID J SMAT			Director Name		
Street Address 125 S WACKER DRIVE SUITE 2510			Street Address		
City CHICAGO	State IL	Zip 60606	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
		1000		CNP	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 DAVID J SMAT				Date 08/31/2016	
Signature of Authorized Representative 					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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