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**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000726107		2. Exact name of the Corporation SICOM SYSTEMS INC				
3. Principal office address 4434 Progress Meadow Dr.			City Doylestown	State PA	Zip 18902	
4. Business Phone No. 215-489-2500			5. State of Incorporation PA			
6. Brief description of the character of business conducted in Rhode Island COMPUTER SYSTEMS						
7. LIST ALL OFFICERS (NAME AND ADDRESS) (SEE BOX FOR ATTACHMENT)						
President Name JAMES FLYNN			Vice-President Name			
Street Address 4434 PROGRESS MEADOW DRIV			Street Address			
City DOYLESTOWN	State PA	Zip 18902	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. LIST ALL DIRECTORS (NAME AND ADDRESS) (SEE BOX FOR ATTACHMENT)						
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED						
10. SHARES ISSUED (SEE BOX FOR ATTACHMENT)						
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				4,962,353	COMMON	\$0.01

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 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 APR - 3 AM 10:42  
 2017 MAR - 9 AM 10:55

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: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE (REQUIRED)

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.

DocuSigned by: Michael Schaffer 10/27/2016  
 Signature of Authorized Representative Date

**FILED**

MICHAEL SCHAFFER  
 Print or Type Name of Authorized Representative

Form No. 630  
 Revised: 01/2012

APR 03 2017  
 By Q99994  
 A.A. 10:43 A.M