

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) (X) 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) (X) 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 (X) 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 4,962,353		CLASS/SERIES COMMON		PAR VALUE \$0.01	

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 (RHODE ISLAND)

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:

Signature of Authorized Representative
 MICHAEL SCHAFFER

Date
10/27/2016

Print or Type Name of Authorized Representative
 MICHAEL SCHAFFER

FILED
 APR 03 2017
 By 299994
 A.A. 10:43 A.M.