State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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	2. Exact name of the Corporation
001669477	REI SYSTEMS, INC.

3. Principal Office Address	City	State	Zip
14325 WILLARD ROAD, SUITE 200	CHANTILLY	VA	20151

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541511	IT SYSTEMS DEVELOPMENT and SUPPORT SERVICES.
5. State of Incorporation: VIRGINIA	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
SHYAM SALONA	1958 LORD FAIRFAX ROAD	VIENNA	VA	22182

Vice-President Name	Street Address	City	State	Zip
SUBHAS KARI	2371 JAWED PLACE	DUNN LORNING	VA	22027

Secretary Name	Street Address	City	State	Zip
SHYAM SALONA	1958 LORD FAIRFAX ROAD	VIENNA	VA	22182

Treasurer Name	Street Address	City	State	Zip
VEER V. BHARTIYA	8503 JEFFERSONIAN COURT	VIENNA	VA	22182

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
VEER V. BHARTIYA	8503 JEFFERSONIA COURT	VIENNA	VA	22182

Director Name	Street Address	City	State	Zip
SHYAM SALONA	1958 LORD FAIRFAX ROAD	VIENNA	VA	22182

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
15,000,000	CWP	$0.001
500,000	PWP	$0.001

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	Date
VEER V. BHARTIYA	02/02/2018

Signature of Authorized Representative: VVBhartiya

FILED
FEB 0 8 2018
BY 39001

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017