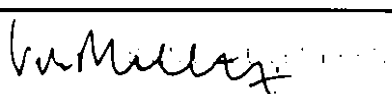




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 001669477		2. Exact name of the Corporation REI SYSTEMS, INC.			
3. Principal Office Address 14325 WILLARD ROAD, SUITE 200		City CHANTILLY		State VA	Zip 20151
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island 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 SHYAM SALONA			Vice-President Name SUBHAS KARI		
Street Address 1958 LORD FAIRFAX ROAD			Street Address 2371 JAWED PLACE		
City VIENNA	State VA	Zip 22182	City DUNN LORNING	State VA	Zip 22027
Secretary Name SHYAM SALONA			Treasurer Name VEER V. BHARTIYA		
Street Address 1958 LORD FAIRFAX ROAD			Street Address 8503 JEFFERSONIAN COURT		
City VIENNA	State VA	Zip 22182	City VIENNA	State VA	Zip 22182
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name VEER V. BHARTIYA			Director Name SHYAM SALONA		
Street Address 8503 JEFFERSONIA COURT			Street Address 1958 LORD FAIRFAX ROAD		
City VIENNA	State VA	Zip 22182	City VIENNA	State VA	Zip 22182
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 VEER V. BHARTIYA					Date 02/02/2018
Signature of Authorized Representative 					

FILED

FEB 08 2018

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