



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.

RECEIVED
 SECRETARY OF STATE
 2018 FEB 12 11:11 AM

1 Entity ID Number 55958		2 Exact name of the Corporation SIGINTELL CORP.			
3 Principal Office Address 36 Washington Square			City Newport	State RI	Zip 02840
4 NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island Researching, Developing, Manufacturing, Marketing and Selling Electronic Equipment and Technical Services			
5. State of Incorporation Rhode Island					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Broackes-Carter			Vice-President Name Ellen Nancy Broackes-Carter		
Street Address 36 Washington Square			Street Address 36 Washington Square		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Brian G. Bardorf			Treasurer Name Richard Broackes-Carter		
Street Address 36 Washington Square			Street Address 36 Washington Square		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard Broackes-Carter			Director Name		
Street Address 36 Washington Square			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			300	COMMON	\$1.00
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 Brian G. Bardorf					Date 1/17/18
Signature of Authorized Representative <i>Brian G. Bardorf</i>					

THIS DOCUMENT HERE
FILED

FEB 13 2018
 BY 6359 DS

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