



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

Annual Report for the year: **2019**  
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 <b>000055646</b>		2. Exact name of the Corporation <b>Signal Ventures Associates, Inc.</b>												
3. Principal Office Address <b>34 Narragansett Avenue, Suite 4</b>			City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>									
4. NAICS Code <b>541618</b>		6. Brief description of the character of business conducted in Rhode Island <b>Investment Banking and consulting services in the broadcasting industry</b>												
5. State of Incorporation														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
President Name <b>Robert J. Maccini</b>			Vice-President Name											
Street Address <b>34 Narragansett Avenue</b>			Street Address											
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
Director Name <b>Robert J. Maccini</b>			Director Name											
Street Address <b>34 Narragansett Avenue</b>			Street Address											
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>2000</b></td> <td><b>Common</b></td> <td><b>00</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>2000</b>	<b>Common</b>	<b>00</b>			
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<b>2000</b>	<b>Common</b>	<b>00</b>												
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 <b>Robert J. Maccini</b>					Date <b>12/19/18</b>									
Signature of Authorized Representative 														

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

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**FILED**  
**DEC 24 2018**

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FORM 630 - Revised: 10/2017