



State of Rhode Island
Department of State - Business Services Division

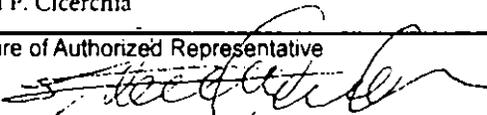
Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 17 2021

97 134.05

1. Entity ID Number 20951		2. Exact name of the Corporation RISTAN SYSTEMS, INC.			
3. Principal Office Address 358 Broadway			City Providence	State RI	Zip 02909
4. NAICS Code <u>541100</u>		6. Brief description of the character of business conducted in Rhode Island Consulting, installation of traffic, parking and control systems.			
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 Ronald P. Cicerchia			Vice-President Name Ellen P. Cicerchia		
Street Address 358 Broadway			Street Address 358 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Ronald P. Cicerchia			Treasurer Name Ronald P. Cicerchia		
Street Address 358 Broadway			Street Address 358 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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	
		600		Common	
				PAR VALUE	
				No Par Value	
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 Ronald P. Cicerchia					Date <u>2/8/21</u>
Signature of Authorized Representative  PRESIDENT					

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