



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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 FEB 23 A 11: 21

1. Entity ID Number 001654196		2. Exact name of the Corporation Valiant Global Defense Services Inc.			
3. Principal Office Address 205 VAN BUREN STREET, Suite 310			City HERNDON	State VA	Zip 20170
4. NAICS Code 813920		6. Brief description of the character of business conducted in Rhode Island DEFENSE TRAINING SYSTEMS AND SERVICES			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name James Jaska			Vice-President Name Dan Corbett		
Street Address 205 VAN BUREN STREET, Suite 310			Street Address 205 VAN BUREN STREET, Suite 310		
City HERNDON	State VA	Zip 20170	City HERNDON	State VA	Zip 20170
Secretary Name Emma Sharma			Treasurer Name Dan Corbett		
Street Address 205 VAN BUREN STREET, Suite 310			Street Address 205 VAN BUREN STREET, Suite 310		
City HERNDON	State VA	Zip 20170	City HERNDON	State VA	Zip 20170
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name James Jaska			Director Name Dan Corbett		
Street Address 205 VAN BUREN STREET, Suite 310			Street Address 205 VAN BUREN STREET, Suite 310		
City HERNDON	State VA	Zip 20170	City HERNDON	State VA	Zip 20170
Director Name Emma Sharma			Director Name None		
Street Address 205 VAN BUREN STREET, Suite 310			Street Address None		
City HERNDON	State VA	Zip 20170	City None	State None	Zip None
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		CNP	\$0.00
		None		None	None
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.					
<b>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.</b>					
Name of Authorized Representative William M Blocker II				Date 3 Feb 21	
Signature of Authorized Representative 					

**FILED**

**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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