



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

FEB 14 2024

2031

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 110669		2. Exact name of the Corporation Sigma Engineering Int'l., Inc.			
3. Principal Office Address 132 Old River Road-Suite 200			City Lincoln	State RI	Zip 02865
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island To provide engineering services and any other lawful purpose			
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 John L. Tsikouras			Vice-President Name		
Street Address 132 Old River Road-Suite 200			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name John L. Tsikouras			Treasurer Name John L. Tsikouras		
Street Address 132 Old River Road-Suite 200			Street Address 132 Old River Road-Suite 200		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name John L. Tsikouras			Director Name		
Street Address 132 Old River Road-Suite 200			Street Address		
City Lincoln	State RI	Zip 02865	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	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 John L. Tsikouras				Date 2/7/24	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov