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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 18 2024
BY

Annual Report for the year: 2024
Corporation

→ 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	2. Exact name of the Corporation			
20951	RISTAN SYSTEMS, INC.			
3. Principal Office Address		City	State	Zip
358 Broadway		Providence	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541160	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 ☐

President Name			Vice-President Name		
Ronald P. Cicerchia			Ellen P. Cicerchia		
Street Address			Street Address		
358 Broadway			358 Broadway		
City	State	Zip	City	State	Zip
Providence	RI	02909	Providence	RI	02909
Secretary Name			**Treasurer Name**		
Ronald P. Cicerchia			Ronald P. Cicerchia		
Street Address			Street Address		
358 Broadway			358 Broadway		
City	State	Zip	City	State	Zip
Providence	RI	02909	Providence	RI	02909

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	600	Common	No Par Value
Changes require an additional filing.			

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	Date
RONALD P. CICERCHIA	3/1/24
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

FORM 630- Revised. 12/2023