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State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

1. Entity ID Number <b>000809984</b>		2. Exact name of the Corporation <b>CTI Federal Inc.</b>			
3. Principal Office Address <b>85 Lenihan Lane</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>541512</b>		6. Brief description of the character of business conducted in Rhode Island <b>COMMUNICATIONS AND AUDIO/VISUAL INTEGRATION SYSTEMS</b>			
5. State of Incorporation <b>Rhode Island</b>		Title: <b>7-1.2-1701</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Brad Righi</b>			Vice-President Name <b>Daniel Kment</b>		
Street Address <b>85 Lenihan Lane</b>			Street Address <b>85 Lenihan Lane</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Daniel Kment</b>			Treasurer Name <b>Brad Righi</b>		
Street Address <b>85 Lenihan Lane</b>			Street Address <b>85 Lenihan Lane</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Brad Righi</b>			Director Name <b>Daniel Kment</b>		
Street Address <b>85 Lenihan Lane</b>			Street Address <b>85 Lenihan Lane</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>1,000</b>	<b>Common</b>	<b>.10</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.					
<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 <b>Brad Righi, President</b>					Date <b>3-5-25</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

FILED

APR 08 2025  
BY 845IMP

FORM 630- Revised: 12/2023

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