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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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			
000809984	CTI Federal Inc.			
3. Principal Office Address		City	State	Zip
85 Lenihan Lane		East Greenwich	RI	02818
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541512	COMMUNICATIONS AND AUDIO/VISUAL INTEGRATION SYSTEMS			
5. State of Incorporation	Title: 7-1.2-1701			
Rhode Island				

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

President Name: Brad Righi			Vice-President Name: Daniel Kment		
Street Address: 85 Lenihan Lane			Street Address: 85 Lenihan Lane		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Daniel Kment			Treasurer Name: Brad Righi		
Street Address: 85 Lenihan Lane			Street Address: 85 Lenihan Lane		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818

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

Director Name: Brad Righi			Director Name: Daniel Kment		
Street Address: 85 Lenihan Lane			Street Address: 85 Lenihan Lane		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	Common	.10

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
Brad Righi, President	3-5-25
Signature of Authorized Representative	FILED

APR 08 2025
BY 845MP AA.
1:00 pm.

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