



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FILED

MAY 19 2025

RECEIVED
DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number 20951		2. Exact name of the Corporation RISTAN SYSTEMS, INC.			
3. Principal Office Address 358 Broadway			City Providence	State RI	Zip 02909
4. NAICS Code 541160		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name Ronald P. Cicerchia			Vice-President Name Ellen P. Cicerchia		
Street Address 358 Broadway			Street Address 358 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Ronald P. Cicerchia			Treasurer Name Ronald P. Cicerchia		
Street Address 358 Broadway			Street Address 358 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 600	CLASS/SERIES Common	PAR VALUE 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 <i>Thomas P. Cicerchia</i>					Date 5/1/25
Signature of Authorized Representative <i>Thomas P. Cicerchia</i>					

MAIL TO:
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Website: www.sos.ri.gov