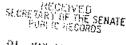
Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20513

Clerk of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

Adá



01 MAY 14 PM 12: 40

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)					
Check if this is an Amended Registration	1. Éf	fective Date of Re	gistration 4/37/81		
2. House Identification Number 35 945 010	Senate Identification Number (2778-214				
REGISTRANT  3. Registrant name Ricchetti Inc.					
Address 1001 & Street NW	Suite	700 East			
City Wishington			Zip 2000		
Principal place of business (if different from line 3)     City SAME					
5. Telephone number and contact name (201) 874 - 9317 Contact			E-mail (optional)		
6. General description of registrant's business or activities	7				
CLIENT A Lobbying firm is required to file a separate registrate indicated Solf and proceed to line 10. Solf  7. Client name Signans Corporation  Address 701 Paga Alleria Allange	;				
City Wishington	1/14 <b>P</b> 141 F=1=1	State DC	Zip 20004		
Principal place of business (if different from line 7)     City		State/Zip (or	·		
9. General description of client's husiness or activities					
LOBBYISTS  10. Name of each individual who has acted or is expected to this section has served as a "covered executive branch acting as a lobbyist for the client, state the executive and	official"	or "covered legislat	ive branch official" within two years of first		
Name		Cove	red Official Position (if applicable)		
Lisa Kountoupes		Depty Ass	instrict to the President		
		Special	Assist to the President		
Ferm & D. I 18,44 (16:98)			Poss I		

egistrant Name Ricchett	i Inc.	Client N	ame Sigmons Suga			
LOBBYING ISSUE		applicable codes lis	ted in instructions and on the	reverse side of Form LD-	1, page 1.	
MAN TRA	<u>aar</u>	GVD TE	<u> </u>			
12. Specific lobbying issues (con ) monoto. Specifium rangem	(current and ar	de, Apropria	tens and transports	usv isenst		
	than the olien	t that contributes i	nore than \$10,000 to the lo ns, supervises or controls t			
No   → Go to line	e 14.	Yes Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.				
Name .		Address		Principal Place of Business (city and state or country)		
b) directly or in activities of	tity that:  20% equitable directly, in with a client or a of the client ng activity?	hole or in major p ny organization id or any organizatio	e client or any organization art, plans, supervises, cont entified on line 13; Or n identified on line 13 and	ols, directs, finances of	r subsidizes	
The a right min date the tellibration.		Wyes & Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.				
Name		ddress	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client	
Simos Au			Munich, Garmay		100%	
Signature	J J	-42()	. Dat	5/08/21		
Printed Name and Title	Steve R	icchetti, F	resident and for	nder	Page 1	