



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2011

**1. ID No.** 000143610

**2. Exact Name of the Limited Liability Company** ROPLAB IT SOLUTIONS LLC

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

COMPUTER NETWORKING, DESKTOP AND NETWORK SUPPORT SERVICES , ASSET MANAGEMENT, DATABASE DESIGN AND DEVELOPMENT, STRATEGY AND CORPORATE IT POLICY REVIEW, CUSTOM SOFTWARE/APPLICATION DEVELOPMENT AND WEB SOLUTIONS DEVELOPMENT, ACTIVE DIRECTORY DESIGN, WINDOWS DESKTOP AND SERVER MANAGEMENT, 802.11 WIRELESS NETWORK (WLAN) SETUP AND SECURITY, SOFTWARE LICENSING AND AUDITING, SYSTEM INTEGRATION, DATA MIGRATION AND DOCUMENT MANAGEMENT , SURVEILLANCE SYSTEM DESIGN AND INSTALLATIONS, APPLICATION PACKAGING AND DESKTOP AND SERVER VIRTUALIZATION

**5. Principal Office Address**

No. and Street: 2 DEVON STREET

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: RAPHAEL OKELOLA Contact Title: MANAGING PARTNER

No. and Street: 2 DEVON STREET

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

RAPHAEL OKELOLA 2 DEVON STREET PROVIDENCE , RI 02904-

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 23 Day of August, 2011 at 5:17:48 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By RAPHAEL O OKELOLA  
Signature of Authorized Person

Form No. 632  
Revised 09/07