



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the **Secretary of State** - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 104702		2. Exact name of the Corporation IT SYSTEMS, LTD.			
3. Principal office address 141 Phenix Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-946-3233		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN COMPUTER CONSULTING SERVICES INCLUDING THE SALE OR LEASE OF ANY SOFTWARE AND HARDWARE.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MARK A. RUGGIERI			Vice-President Name MICHAEL A. GIULIANI		
Street Address 39 Cottonwood Drive			Street Address 3 Kensington Mews		
City Cranston	State RI	Zip 02921	City Greenville	State RI	Zip 02828
Secretary Name ROBERT LUKE			Treasurer Name MICHAEL A. GIULIANI		
Street Address 19 Cottonwood Drive			Street Address 3 Kensington Mews		
City Cranston	State RI	Zip 02921	City Greenville	State RI	Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400 Shares	Common	No Par Value

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.

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JAN 18 2013

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.

Signature of Authorized Representative

Date

Mark A. Ruggieri

Print or Type Name of Authorized Representative

By MARCO
 CE # 55897