



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 2015

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. 485913		2. Exact name of the Corporation R & B IT SOLUTIONS, INC.		
3. Principal office address 334 EAST AVENUE		City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 401-722-7022		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island COMPUTER SERVICES				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name MICHAEL BIGNEY		Vice-President Name STEPHEN RUSSELL		
Street Address 10 LINDEN DRIVE		Street Address 22 CELESTIA AVENUE		
City PROVIDENCE	State RI	Zip 02906	City CRANSTON	State RI
Secretary Name MICHAEL BIGNEY		Treasurer Name STEPHEN RUSSELL		
Street Address 10 LINDEN DRIVE		Street Address 22 CELESTIA AVENUE		
City PROVIDENCE	State RI	Zip 02906	City CRANSTON	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name MICHAEL BIGNEY		Director Name STEPHEN RUSSELL		
Street Address 10 LINDEN DRIVE		Street Address 22 CELESTIA AVENUE		
City PROVIDENCE	State RI	Zip 02906	City CRANSTON	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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
		2000	COMMON	NO PAR
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

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 16 2015

BY

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.

Michael Bigne
Signature of Authorized Representative

01/12/2015

Date

MICHAEL BIGNEY
Print or Type Name of Authorized Representative