



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: 2018

1. ID No. 000143610

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

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541690

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: Contact Title:
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 <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>
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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 13 Day of September, 2018 at 6:50:23 PM 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 OKELOLA
Signature of Authorized Person

Form No. 632
Revised 09/07