



**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:** 2019

**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: RAPHAEL OLAWALE OKELOLA 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 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 13 Day of September, 2019 at 11:41:04 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 OLAWALE OKELOLA  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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