



**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: 2020

1. ID No. 001691613

2. Exact Name of the Limited Liability Company The IT Synergy Group, 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.

541512

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

ITSG IS A LEADER IN THE IT SERVICE INDUSTRY PROVIDING UNIQUE, TAILORED SOLUTIONS TO SMALL AND MID-SIZED BUSINESSES. WE ENSURE YOUR IT SYSTEMS ARE UP AND RUNNING 24/7/365 WITH OUR PROACTIVE APPROACH TO IT SYSTEMS MANAGEMENT AND ON-DEMAND SUPPORT AS WELL AS OUR BEST-IN-CLASS APPROACH TO PROJECT MANAGEMENT, CLOUD SOLUTIONS, BACKUP & RECOVERY AND SECURITY & COMPLIANCE. AS A TRUE PARTNER, OUR SOLUTION FOCUSES ON WHAT IS BEST FOR YOUR ORGANIZATION. OUR MISSION IS TO HELP OUR PARTNERS SUCCEED WITH THE PEACE OF MIND THAT ALL IT-RELATED NEEDS ARE RECOGNIZED AND ATTENDED TO AT ALL TIMES.

5. Principal Office Address

No. and Street: 2980 W SHORE RD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

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

Contact Name: CHRISTOPHER DUFOUR Contact Title:
No. and Street: 5 CLOVER DRIVE
City or Town: COVENTRY State: RI Zip: 02816 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**

CHRISTOPHER DUFOUR 5 CLOVER DRIVE COVENTRY , RI 02816

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

Signed this 2 Day of January, 2020 at 3:54:39 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 CHRISTOPHER DUFOUR
Signature of Authorized Person

Form No. 632
Revised 09/07

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