



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2017

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |             |                                                                                                         |                                  |                   |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------|----------------------------------|-------------------|--------------|
| 1. Entity ID Number<br>000794048                                                                                                                                                                            |             | 2. Exact name of the Limited Liability Company<br>ISLAND TECH SERVICES, LLC                             |                                  |                   |              |
| 3. NAICS Code<br>541511                                                                                                                                                                                     |             | 4. Brief description of the character of business conducted in Rhode Island<br>Computer sales & service |                                  |                   |              |
| 5. State of Formation<br>New York                                                                                                                                                                           |             |                                                                                                         |                                  |                   |              |
| 6. Principal Office Address<br>980 S 2nd St                                                                                                                                                                 |             | City<br>Ronkonkoma                                                                                      | State<br>NY                      | Zip<br>11779      |              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |             |                                                                                                         |                                  |                   |              |
| Contact Name<br>Robert Gronenthal                                                                                                                                                                           |             |                                                                                                         | Contact Title<br>Managing Member |                   |              |
| Street Address<br>980 S 2nd St                                                                                                                                                                              |             | City<br>Ronkonkoma                                                                                      | State<br>NY                      | Zip<br>11779      |              |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |             |                                                                                                         |                                  |                   |              |
| Manager Name<br>Robert Gronenthal                                                                                                                                                                           |             | Manager Name<br>Peter Vescovo                                                                           |                                  |                   |              |
| Street Address<br>136 Roseland Lane                                                                                                                                                                         |             | Street Address<br>19 Ridgfield Dr                                                                       |                                  |                   |              |
| City<br>East Patchogue                                                                                                                                                                                      | State<br>NY | Zip<br>11772                                                                                            | City<br>Shoreham                 | State<br>NY       | Zip<br>11786 |
| Manager Name                                                                                                                                                                                                |             | Manager Name                                                                                            |                                  |                   |              |
| Street Address                                                                                                                                                                                              |             | Street Address                                                                                          |                                  |                   |              |
| City                                                                                                                                                                                                        | State       | Zip                                                                                                     | City                             | State             | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |             |                                                                                                         |                                  |                   |              |
| 9. The Resident Agent Information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |             |                                                                                                         |                                  |                   |              |
| <i>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.</i> |             |                                                                                                         |                                  |                   |              |
| Name of Authorized Person<br>Robert Gronenthal                                                                                                                                                              |             |                                                                                                         |                                  | Date<br>12/3/2020 |              |
| Signature of Authorized Person<br>                                                                                                                                                                          |             |                                                                                                         |                                  |                   |              |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

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