



**State of Rhode Island
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: 2021

1. ID No. 001711514

2. Exact Name of the Limited Liability Company SimVic Informatics and Healthcare Services 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

COMPUTER INFORMATICS AND HEALTHCARE SERVICE.

5. Principal Office Address

No. and Street: 24 ROCKCREST LANE

City or Town: PROVIDENCE

State: RI

Zip: 02919

Country: US

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

Contact Name: TUNDE AFOLABI Contact Title:

No. and Street: 24 ROCKCREST LANE

City or Town: PROVIDENCE

State: RI

Zip: 02919

Country: US

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
MANAGER	TUNDE T AFOLABI	24 ROCKCREST LANE JOHNSTON , RI 02919 USA
MANAGER	DUPE TOYIN AFOLABI	24 ROCKCREST LANE

		JOHNSTON , RI 02919 USA
MANAGER	AYOTUNDE VICTOR AFOLABI	24 ROCKCREST LANE JOHNSTON, RI 02919 USA
MANAGER	AYOTOMIDE SIMEON AFOLABI	24 ROCKCREST LANE JOHNSTON, RI 02919 USA
MANAGER	TUNDE T AFOLABI	24 ROCKCREST LANE

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

TUNDE AFOLABI 24 ROCKCREST LANE JOHNSTON , RI 02919

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

Signed this 3 Day of November, 2021 at 3:56:19 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 TUNDE AFOLABI
Signature of Authorized Person

Form No. 632
Revised 09/07

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