



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

STAMP

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

FORM
 SECRETARY OF STATE
 USE ONLY

2023 NOV 17 AM 10:43

1. Entity ID Number <u>0011669264</u>		2. Exact name of the Corporation <u>RAB IT Solutions, Corp.</u>			
3. Principal Office Address <u>1478 Atwood Ave</u>		City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	
4. NAICS Code <u>541519</u>		6. Brief description of the character of business conducted in Rhode Island <u>COMMERCIAL Computer Consulting</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>CARLOS CAMPOS</u>			Vice-President Name <u>Cheryl Russell</u>		
Street Address <u>9 King Rd</u>			Street Address <u>9 King Rd</u>		
City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>	City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>2000</u>	<u>COM</u>	<u>NO PAR</u>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative <u>Cheryl Russell</u>				Date <u>11/15/23</u>	
Signature of Authorized Representative <u>Cheryl Russell</u>					

FILED

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