



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024

Corporation _____

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

JAN 31 2024
56771 a

1. Entity ID Number 000104702		2. Exact name of the Corporation IT Systems, LTD			
3. Principal Office Address 141 Phenix Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 518210		6. Brief description of the character of business conducted in Rhode Island To engage in computer consulting services including the sale or leasing of any software and hardware			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael A Giuliani			Vice-President Name Robert Luke		
Street Address 3 Kensington Mews			Street Address 19 Cottonwood Drive		
City Greenville	State RI	Zip 02828	City Cranston	State RI	Zip 02921
Secretary Name Robert Luke			Treasurer Name Michael A Giuliani		
Street Address 19 Cottonwood Drive			Street Address 3 Kensington Mews		
City Cranston	State RI	Zip 02921	City Greenville	State RI	Zip 02828
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
			400 Shares		Common
					PAR VALUE
					No Par Value
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 Michael A Giuliani					Date 01.29.2024
Signature of Authorized Representative <i>Michael A. Giuliani</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov