RI SOS Filing Number: 202562486050 Date: 1/14/2025 10:27:00 AM



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: February 1 - May 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 - ENTER THE CURRENT YEAR **2025**: <u>2025</u>

- **1. ID No.** 000143610
- 2. Exact Name of the Limited Liability Company $\underline{ROPLAB\ IT}\ SOLUTIONS\ LLC$
- 3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

541690

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

COMPUTER NETWORKING, DESKTOP AND NETWORK SUPPORT SERVICES, ASSET MANAGEMENT, DATABASE DESIGN AND DEVELOPMENT, STRATEGY AND CORPORATE IT

POLICY REVIEW, CUSTOM SOFTWARE/APPLICATION DEVELOPMENT AND WEB SOLUTIONS

<u>DEVELOPMENT, ACTIVE DIRECTORY DESIGN, WINDOWS DESKTOP AND SERVER MANAGEMENT, 802.11 WIRELESS NETWORK (WLAN) SETUP AND SECURITY, SOFTWARE</u>

LICENSING AND AUDITING, SYSTEM INTEGRATION, DATA MIGRATION AND DOCUMENT

MANAGEMENT, SURVEILLANCE SYSTEM DESIGN AND INSTALLATIONS, APPLICATION

PACKAGING AND DESKTOP AND SERVER VIRTUALIZATION

5. Principal Office Address

No. and Street: 2 DEVON STREET

City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

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

Contact Name: Contact Title:

No. and Street: 2 DEVON STREET

City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

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

RAPHAEL OKELOLA 2 DEVON STREET PROVIDENCE, RI 02904

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

Signed this 14 Day of January, 2025 at 10:30:20 AM 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 RAPHAEL OKELOLA

Signature of Authorized Person

Form No. 632 Revised 09/07

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