

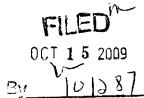
A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.

K.I.G.L. /-10-00 (001)	· ·							
1. ID No. 000171025	SPEEDY 1	name of the limited liability company DY TAX REFUND, LLC						
3. State of Formation 4. Brief description of the character of the busing INCOME TAX PREPARATION								
5. Principal office address 1549 WESTMINSTER STREET				PROVIDENCE	State RI	02909		
6. MAILING ADDI Contact Name PHIDIAS MEND		ED LIABII	LITY COMPANY AND	NAME OR TITLE OF CONTACT Contact Title MANAGER	PERSON:			
Street Address 1549 WESTMINSTER STREET				City PROVIDENCE	State R1	^{Zip} 02909		
7. NAME AND AD	DRESS OF EAC	CH MANAC FILL IN S	GER OF THE LIMITED SPACES BEFORE USING	LIABILITY COMPANY, IF APP G ATTACHMENTS ("X" BOX FO	LICABLE - <u>DO NO</u> OR ATTACHMENT)	<u>r list members</u>]		
Manager Name PHIDIAS MENDEZ				Manager Name	Manager Name			
Street Address 1549 WESTMINSTER STREET			Street Address					
City PROVIDENCE	State RI	.	<i>Ζψ</i> 02909	City	State	Zip }		
Manager Name				Manager Name				
Street Address			Street Address					
City	State	e	Zip	City	State	Zip		
8. RESIDENT AG This information is	ENT IN RHODE s currently of rec	E ISLAND ord in the	Office of the Secretary of	of State. Changes require filing of l	Form 642 - R.I.G.L. 7-	16-11		
						<u> </u>		
		in				-		



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

000171025

File Date						
Check No.						
Ву:	. 184					
FOR SECRETARY OF STATE USE ONLY						

Inder penalty of perjury, I declare and affirm that I have examin	ed this repo	rt
ncluding any accompanying schedules and statements, and that	all statemen	ıt
ontained herein are true and correct.	1	

Signature of Authorized Person

Date

PHIDIAS MENDEZ, MANAGER

Print or Type Name of Authorized Person