



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>119473</b>		2. Exact name of the limited liability company <b>Professional Tax and Incentives Consultants, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Tax Consulting</b>			
5. Principal office address <b>320 Newport Avenue</b>		City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Edward J. Galvin</b>		Contact Title <b>President</b>			
Street Address <b>320 Newport Avenue</b>		City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>EDWARD J. GALVIN</b>		Manager Name			
Street Address <b>320 NEWPORT AVENUE</b>		Street Address			
City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

MAR 28 2016

BY

156 6168

2015 NOV 27 AM 10:51

RECEIVED  
OFFICE OF THE SECRETARY OF STATE  
DIVISION OF BUSINESS SERVICES

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.

*Edward J. Galvin*  
Signature of Authorized Person

11/24/2015

Date

Edward J. Galvin

Print or Type Name of Authorized Person

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY