Annual Report for the year. 2017
Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001664269	TAX SALES LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
1 111510					
5. State of Formation	Tax Sales				
Rhode Island					
6. Principal Office Address			City	State	Zp
1530 Atwood Ave Suite 19493			Johnston	RI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Robert R. Woods			Contect Title		
Street Address 1530 Atwood Ave Suite 19493			City Johnston	State RI	Zip 02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	2ip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
Cky	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require fling Form 642.					
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 Person	+ R. I	Voods	September 7, 2017		
Signature of Authorized Person Robert R. Moods					

MAIL TO:

DIVISION of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 1 1 201

BY 2030 D