

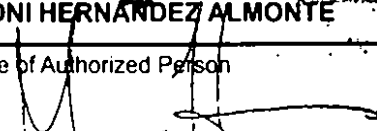


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 855861		2. Exact name of the Limited Liability Company TRUETAX LLC			
3. NAICS Code 541213		4. Brief description of the character of business conducted in Rhode Island TAX PREPARATION			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 1230 ELMWOOD AVENUE SUITE 1		City PROVIDENCE		State RI	Zip 02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARCONI HERNANDEZ ALMONTE		Contact Title OWNER			
Street Address 1230 ELMWOOD AVENUE SUITE 1		City PROVIDENCE		State RI	Zip 02907
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	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person MARCONI HERNANDEZ ALMONTE				Date 09/07/2017	
Signature of Authorized Person 				SIGN DOCUMENT HERE 9/7/17	

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 11 2017

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