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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the yar:	2017	
Limited Liability Company		

FOR SECRETARY OF STATE

→ 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						
127269	TAXPLUS, LLC						
3. NAICS Code S DOD 81 - Other Services (except Pi	Brief description of the character of business conducted in Rhode Island TAX SERVICES						
5. State of Formation RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
861 RESERVOIR AVENUE			CRANSTON	RI	02910		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name ELVIS M. SENA			Contact Title MANAGER				
Street Address 861 RESERVOIR AVENUE			City CRANSTON	State RI	^{Z_{IP}} 02910		
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	ity Company, IF APPLICABLE	DO NOT LIST N	MEMBERS		
			Manager Name				
Street Address 861 RESERVOIR AVENUE			Street Address				
City CRANSTON	State RI	^{Z_{IP}} 02910	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zıp		
		<u> </u>	C	heck the box to in	ndicate an attachment 🔲		
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing 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			Date	Date			
ELVIS M. SENA			09/28/2017				
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

