

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

Matthew A. Brown, Secretary of State

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ Filing Period: January 1 - March 1 • Filing Fee: 650.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 86004 Tropical Income Tax Service, Inc. 3. Singer Address Principal Business Office 5. State of Incorporation 6882 RHODE ISLAND Description of the Character of Business Conducted in Rhode Island
TO PREPARE TAX RETURNS, ELECTRONIC RETURN ORIGINATOR, SELL MONEY ORDERS, ACT AS AN AGENT FOR MONEY TRANSFER COMPANIES AND UTILITIES COMPANIES
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Treasurer Name SIMP Street Address Street Address City State FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) IDNG. ONE Street Address Street Address Director Name Street Address Street Address State State Zφ 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Par Value Number of Shares Class/Series Number of Shares Class/Series NONE None NONE **100 NO PAR VALUE** This report must be signed in ink by either the President. Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report,



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004
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Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 86004 Tropical Income Tax Service, Inc. 7.1p 02 909 City PROU 3. Street Address Principal Business Office
1187 WESTMINSTEA 4. Business Phone No. 80 84 6. SIC Code 5. State of Incorporation 6882 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
TO PREPARE TAX RETURNS, ELECTRONIC RETURN ORIGINATOR, SELL MONEY ORDERS, ACT AS AN AGENT FOR MONEY President Name 2 mm05 DIONISIO 7.Ф State Treasurer Name Street Address State Zip Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Street Address Street Address City Director Name Director Name Street Address Sireci Address State CHY Z_{ip} 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Par Value Class/Series NONE NONE NONE 100 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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. DIONISIO RAMOS Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

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1. Corporate ID No.	2. Name of Corpor				
86004	•	come Tax Service, Inc.			
3. Street Address Principal Busin	uss Office	G.	CIT PIEW	State M.T	02.50 9
4. Business Phone No.	8084	5. State of Incorporation RHODE ISLAN			6. SIC Code 6882
7. Bilef Description of the Chara	eger of Business Conducted		WINING M-C	DIENS WILL	
8. NAMES AND ADDR	•		•	S BEFORE USING ATTAC	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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By:	NY OF STATE USE ONLY

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.

Standard Officer	2/13/03
Signature of Officer	Date
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Dita - Bar Name of Office	

Print or Type Name of Officer

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Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence. RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fec: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 86004 Tropical Income Tax Service, Inc. 3. Street Address Principal Business Office 1187 WESTMINSTER 5. State of Incorporation 6882 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island THE PREPARATION, WIRE THRUSFER, MONEY ORDERS SOLD, PAGERS
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name DIONISIO Zip Street Address Cliv Zio City State Zip State FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name NONE Street Address Street Address City State Ζiρ City Director Name Director Name Street Address Street Address State Zip City State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*x* BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Number of Shares Class/Series Par Value 100 NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

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.

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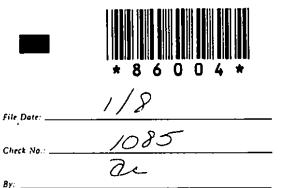
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



Filing	Period:	January :	I-March 1	•	Filing Fee: \$50.00

. Corporate ID No.					
86004	z. Name of Corpora Tropical	Income Tax Serv	vice, Inc.		
. Street Address Principal Bus	inels Office WESTM1 NST	Ex ST	CHY PROVIDENCE	State RI	1 0290,
. Business Phone No. 40 f & 31-	8084	5. State of Incorporation RHODE ISLA	MD		e. 31C Cod.
Brief Description of the Cha MONEY 0	racter of Business Conducted UNERS ST/ES	in Rhode Island S. Westexu	UNION, THEME	· CAX.	
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TI RED	wing St	·	Street Address		
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ecretary Name 50 MC	, -	•	Treasurer Name Same		
treet Address			Street Address		
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FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined --



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No. 86004	2. Name of Corpor	ration Income Tax Serv	ice, Inc.		
3. Street Address Principal Busi	MINSTER	ST.	PROVIDEN	ICE State NI	02909
4. Business Phone No. 31-	8084	5. State of Incorporation RHODE ISLA			6. SIC Code 6882
7. Brief Description of the Chair	racter of Business Conducted	I in Rhode Island			_
8. NAMES AND ADDI	NDENS SQ/ORESSES OF THE OFF	FICERS (*X* BOX FOR ATT	UNION INOMP ACHMENT) + FILL IN SPACE	S BEFORE USING ATTAC	A PMTJ CHMENTS
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Secretary Name Sq v	<i>.</i>	· · · · · · · · · · · · · · · · · · ·	Treasurer Name SQMP	•• • • •	· ••
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This report must be	signed in ink by ei	ther the President, Vi	ce President, Secretary, A	ssistant Secretary, Treas	urer, Receiver or Trustee
	B	 			

DIONISIO RAMOS
Print or Type Name of Officer

PRESI'DENT

FOR SECRETARY OF STATE USE ONLY

Check No.: .



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) . 2. Name of Corporation 1. Corporate ID No. Tropical Income Tax Service, Inc. 86004 6 SIC Code RHODE ISLAND 6882 7. Brief Description of the Character of Business Conducted in Rhode Island MONEY OLOGIE SAJOS, WESTERN UNION, INIONO TAX, UTINITIOS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE in Street Address Street Address ZIO City Director Name Director Name Street Address Street Address : City City Zip Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 100 SHS NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 8 6 0 0 4 *	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.
File Date:	puisid found 1/31/99
Check No.: 2690	Signature of Officer / Pormos.
By:	Print or Type Name of Officer
	PRESI'DENT
FOR SECRETARY OF STATE USE ONLY	Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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FORM MUST BE TYPED IN E		·- <u></u>			
Corporate ID No.	2. Name of Corporat	•			
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1187 Nos	TMINSTE	n F.	PROVIDENCE	NA	02-909
Business Phone 829 H	8184	5. State of Incorporation RHODE ISLA			6. SIC Code
Brief Description of the Chara	cter of Business Conducted in	Rhode Island			
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NAMES AND ADDR	ESSES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT)	<u> </u>	
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		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
ile Date:	1/12/98	that all statements contained herein are true and correct/
Theck No.:	1739	Signature of Officer Romos Dord
ly:	KLD !	Print or Type Name of Officer
OR SECRETARY	OF STATE USE ONLY	Tile of Officer



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. Tropical Income Tax Service, Inc. 86004 State 3. Street Address Principal Business Office 02907 _Providence 1187 Westminster Street 6. SIC Code 4. Business Phone No. 5. State of Incorporation RHODÉ ISLAND 6882 331-3141 7. Brief Description of the Character of Business Conducted in Rhode Island Bookkeeping Services and Income Tax Preparation 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) Vice President Name Dionisio Ramos Dionisio Ramos Street Address Street Address 21 Redwing Street 21 Redwing Street 02907 Providence Providence ; RI Secretary Name Dionisio Ramos Dioniso Ramos Street Address Street Address 21 Redwing Street 21 Redwing Street State City ^{zıp}02907 Providence 02907 Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address Director Nami Director Name Street Address Street Address State 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Serles Par Value Number of Shares Class/Series 100 SHS NO PAR VALUE None This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Title of Officer

that all statements contained herein are true and correct

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

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1187 Westmins	ter St.		Providence	RI	02909
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File Date: Check No: . Ву:

Signature of Officer

Dionisio Ramos Print or Type Name of Officer

President

Title of Officer

Date