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*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

***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. Street Address Principal Business Office: 1187 WESTMINSTER ST. | City: PROVIDENCE | State: RI | Zip: 02909 | |
| 4. Business Phone No.: 401-831-8084 | 5. State of Incorporation: RHODE ISLAND | | 6. SIC Code: 6882 | |

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 TRANSFER COMPANIES AND UTILITIES COMPANIES

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| President Name | Vice President Name |
|---|---|
| MARCOS OLIVO | SAME AS PRESIDENT |
| Street Address: 50 CARR ST. | Street Address: " |
| City: PROV / State: RI / Zip: 02905 | City: " / State: " / Zip: " |
| Secretary Name: SAME AS PRESIDENT | Treasurer Name: SAME AS PRESIDENT |
| Street Address: " | Street Address: " |
| City: " / State: " / Zip: " | 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 | NONE. |
| Street Address: N/A | Street Address: N/A |
| City: — / State: — / Zip: — | City: — / State: — / Zip: — |
| Director Name: — | Director Name: — |
| Street Address: — | Street Address: — |
| City: — / State: — / Zip: — | City: — / State: — / Zip: — |

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* | *Par Value* |
| 100 NO PAR VALUE | | | NONE | NONE | NONE |
| | | | | | |

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

[redacted] [redacted]

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.

MARCOS OLIVO 2/15/05
*Signature of Officer* *Date*

MARCOS OLIVO.
*Print or Type Name of Officer*

PRES VICE PRES, TREASURER & SECR
*Title of Officer*

[redacted]

*File Date* 2-17-05
*Check No.* 1217
*By:* dc

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

***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. | | |
| 3. Street Address Principal Business Office: 1187 WESTMINSTER ST. | City: PROV | State: RI | Zip: 02909 |
| 4. Business Phone No.: 401-831-8054 | 5. State of Incorporation: RHODE ISLAND | | 6. SIC Code: 6882 |

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 TRANSFER COMPANIES AND UTILITIES COMPANIES

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| President Name | Vice President Name |
|---|---|
| DIONISIO RAMOS | SAME AS PRESIDENT |
| Street Address: 21 REDWING ST | Street Address |
| City: PROV / State: RI / Zip: 02907 | City / State / Zip |
| Secretary Name: SAME AS PRESIDENT | Treasurer Name |
| Street Address | Street Address |
| City / State / Zip | 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 | |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |

| 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* | *Par Value* |
| 100 NO PAR VALUE | | | NONE | NONE | NONE |
| | | | | | |

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

[redacted]

*86004*

File Date: 2-3-04

Check No.: 1300

By: Dc

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer — Date: 1/21/04

DIONISIO RAMOS
*Print or Type Name of Officer*

PRESIDENT, VICE PRES, SECY, TREASUR
*Title of Officer*

Form 630 Rev. 12/03

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

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

STOP
PLEASE READ INSTRUCTIONS

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

*(FORM MUST BE TYPED OR PRINTED IN BLACK)*

1. Corporate ID No.: 86004
2. Name of Corporation: Tropical Income Tax Service, Inc.
3. Street Address Principal Business Office: 1187 Westminster St. City: Prov State: RI Zip: 02909
4. Business Phone No.: 401-831-8084
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6882
7. Brief Description of the Character of Business Conducted in Rhode Island: TAX RETURNS, WESTERN UNION WIRING, MONEY ORDERS, UTILITIES PAYMENT

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: DIONISIO RAMOS
Street Address: 21 REDWING ST.
City: PROVIDENCE State: RI Zip: 02909

Secretary Name: SAME AS PRESIDENT
Street Address: SAME
City: SAME State: SAME Zip: SAME

Vice President Name: SAME
Street Address:
City: State: Zip:

Treasurer Name:
Street Address:
City: State: Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: NONE
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 NO PAR VALUE | | 0 |

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| NONE | NONE | NONE |

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 *

File Date: 3.27.03
Check No.: 12066
By: ICP

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.

Signature of Officer: [signature] Date: 2/13/03

Print or Type Name of Officer: DIONISIO RAMOS

Title of Officer: PRESIDENT

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

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

STOP
PLEASE READ INSTRUCTIONS

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 86004
2. Name of Corporation: Tropical Income Tax Service, Inc.
3. Street Address Principal Business Office: 1187 WESTMINSTER ST — City: PROVIDENCE — State: RI — Zip: 02909
4. Business Phone No.: 401-831-8084
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6882
7. Brief Description of the Character of Business Conducted in Rhode Island: TAX PREPARATION, WIRE TRANSFER, MONEY ORDERS SOLD, PAGERS

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: DIONISIO RAMOS
Street Address: 21 REDWING ST.
City: PROV — State: RI — Zip: 02909

Vice President Name: SAME
Street Address: SAME
City: SAME — State: — Zip:

Secretary Name: SAME
Street Address:
City: — State: — Zip:

Treasurer Name: SAME.
Street Address:
City: — State: — Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: NONE
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 NO PAR VALUE | | Ø |

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| Ø | Ø | Ø |

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 *

File Date: 1-11-02

Check No.: 16360

By: JL

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.

[redacted] 1/2/2002
*Signature of Officer* *Date*

DIONISIO RAMOS
*Print or Type Name of Officer*

PRESIDENT
*Title of Officer*

5

*Form 630 12/01*

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*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP
PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 86004
2. Name of Corporation: Tropical Income Tax Service, Inc.
3. Street Address Principal Business Office: 1187 WESTMINSTER ST. City: PROVIDENCE State: RI Zip: 02909
4. Business Phone No.: 401 831-8084
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6882
7. Brief Description of the Character of Business Conducted in Rhode Island: MONEY ORDERS SALES, WESTERN UNION, INCOME TAX.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: DIONISIO RAMOS
Street Address: 21 REDWING ST
City: PROV State: RI Zip: 02907

Vice President Name: Same
Street Address:
City: State: Zip:

Secretary Name: Same
Street Address:
City: State: Zip:

Treasurer Name: Same
Street Address:
City: State: Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: NONE
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 SHS | NO | PAR VALUE |

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| NONE | NONE | NONE |

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

*86004*

File Date: 1/8

Check No.: 1085

By: JL

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.

X Dionisio Ramos 1/4/2001
Signature of Officer Date

DIONISIO RAMOS
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/00

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

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

STOP
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# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

***Filing Period: January 1–March 1 • Filing Fee: $50.00***

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 86004
2. Name of Corporation: Tropical Income Tax Service, Inc.
3. Street Address Principal Business Office: 1187 Westminster ST. City: PROVIDENCE State: RI Zip: 02909
4. Business Phone No.: 401- 831- 8084
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6882
7. Brief Description of the Character of Business Conducted in Rhode Island: MONEY ORDERS Sales, WESTERN UNION Income TAX, UTILITIES BILLS

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---|---|
| President Name: Dionisio Ramos | Vice President Name: Same |
| Street Address: 21 Redwing ST. | Street Address: |
| City: PROV State: RI Zip: 02907 | City: State: Zip: |
| Secretary Name: Same | Treasurer Name: Same |
| Street Address: | Street Address: |
| City: State: Zip: | City: State: Zip: |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---|---|
| Director Name: NONE | Director Name: |
| Street Address: | Street Address: |
| City: State: Zip: | City: State: Zip: |
| Director Name: | Director Name: |
| Street Address: | Street Address: |
| City: State: Zip: | City: State: Zip: |

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 SHS | NO PAR VALUE | |

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 0 | C | 0 |

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

* 86004 *

File Date: 2/29/00

Check No.: 3387

By:

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.

Signature of Officer: [signature] Date: 2/26/00

Print or Type Name of Officer: DIONISIO RAMOS

Title of Officer: PRESIDENT

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

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

STOP
PLEASE READ INSTRUCTIONS

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

*Filing Period: January 1–March 1 • Filing Fee: $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 | | City | State | Zip |
| 1187 WESTMINSTER ST. | | Providence | RI | 02909 |
| 4. Business Phone No. | 5. State of Incorporation | | | 6. SIC Code |
| 401 831-8084 | RHODE ISLAND | | | 6882 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island | | | | |
| MONEY ORDERS SALES, WESTERN UNION, INCOME TAX, UTILITIES PMTS | | | | |

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| Dionisio Ramos | | | Same | | |
| Street Address | | | Street Address | | |
| 21 Reowing St. | | | | | |
| City | State | Zip | City | State | Zip |
| Pvd | RI | 02907 | | | |
| **Secretary Name** | | | **Treasurer Name** | | |
| Same | | | Same | | |
| Street Address | | | Street Address | | |
| Same | | | | | |
| City | State | Zip | 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 | | | | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

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 | Par Value |
| 100 SHS NO PAR VALUE | | | 0 | | |
| | | | | | |

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

[redacted] *86004

File Date: 2/17/99

Check No.: 2690

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[signature] 1/31/99
*Signature of Officer* *Date*

Dionisio Ramos
*Print or Type Name of Officer*

PRESIDENT
*Title of Officer*

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

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

STOP
PLEASE READ INSTRUCTIONS

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

*Filing Period: January 1–March 1 • Filing Fee: $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 | | City | State | Zip |
| 1187 Westminster St. | | Providence | RI | 02909 |
| 4. Business Phone No. | 5. State of Incorporation | | | 6. SIC Code |
| 401-831-8084 | RHODE ISLAND | | | 6882 |

7. Brief Description of the Character of Business Conducted in Rhode Island
Income Tax Service, Money Orders Sold, Western Union Transfer, Multi Source

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) ☐

| President Name | Vice President Name |
|---|---|
| Dionisio Ramos | Dionisio Ramos |
| Street Address | Street Address |
| 21 Reading St. | 21 Reading St. |
| City / State / Zip | City / State / Zip |
| Pvdc / RI / 02907 | Pvdc / RI / 02907 |
| **Secretary Name** | **Treasurer Name** |
| Dionisio Ramos | Dionisio Ramos |
| Street Address | Street Address |
| 21 Reading St. | 21 Reading St. |
| City / State / Zip | City / State / Zip |
| Pvdc / RI / 02907 | Pvdc / RI / 02907 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) ☐

| Director Name | Director Name |
|---|---|
| None | |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*) ☐

| AUTHORIZED SHARES | | |
|---|---|---|
| Number of Shares | Class/Series | Par Value |
| 100 SHS NO PAR VALUE | | |

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*) ☐

| ISSUED SHARES | | |
|---|---|---|
| Number of Shares | Class/Series | Par Value |
| None | | |

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

[redacted] * 8 6 0 0 4 * [redacted]

File Date: 1/12/98

Check No.: 1739

By: KLD

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.

[redacted] Signature of Officer — Date: 1/8/98

Dionisio Ramos
*Print or Type Name of Officer*

[redacted] President
*Title of Officer*

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

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

# PROFIT CORPORATION ANNUAL REPORT 1997

***Filing Period: January 1–March 1 • Filing Fee: $50.00***

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 86004
2. Name of Corporation: Tropical Income Tax Service, Inc.
3. Street Address Principal Business Office: 1187 Westminster Street; City: Providence; State: RI; Zip: 02907
4. Business Phone No.: 331-3141
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6882
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)* ☐

| | |
|---|---|
| President Name: Dionisio Ramos | Vice President Name: Dionisio Ramos |
| Street Address: 21 Redwing Street | Street Address: 21 Redwing Street |
| City: Providence State: RI Zip: 02907 | City: Providence State: RI Zip: 02907 |
| Secretary Name: Dioniso Ramos | Treasurer Name: Dionisio Ramos |
| Street Address: 21 Redwing Street | Street Address: 21 Redwing Street |
| City: Providence State: RI Zip: 02907 | City: Providence State: RI Zip: 02907 |

**9. NAMES AND ADDRESSES OF THE DIRECTORS** *("X" BOX FOR ATTACHMENT)* ☐

| | |
|---|---|
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

**10. SHARES AUTHORIZED AND ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|---|---|---|---|---|---|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 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

[redacted] * 8 6 0 0 4 * [redacted]

File Date: 3/28/97

Check No.: 1224

By: u

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.

Signature of Officer: Dionisio Ramos Date: 3/17/97

Print or Type Name of Officer: Dionisio Ramos

Title of Officer: President Dionisio Ramos

# PROFIT CORPORATION ANNUAL REPORT

# 1996

**Filing Period: January 1–March 1**
**Filing Fee: $50.00**

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

**PLEASE TYPE OR PRINT IN BLACK INK.**

| 1. CORPORATE ID NO. | 2. NAME OF CORPORATION |
|---|---|
| 86004 | Tropical Cashier, Inc. |

| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 1187 Westminster St. | Providence | RI | 02909 |

| 4. BUSINESS PHONE NO. | 5. STATE OF INCORPORATION | 6. SIC CODE |
|---|---|---|
| (401) 831-8084 | Rhode Island | 6882 |

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Income Preparation, Money Orders, Translation Service, and other related service

**8. NAMES AND ADDRESSES OF THE OFFICERS**

| | PRESIDENT NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|
| | Dionisio Ramos | 21 Redwing St. | Providence | RI | 02907 |
| VICE PRESIDENT NAME | Dionisio Ramos | 21 Redwing St. | Providence | RI | 02907 |
| SECRETARY NAME | Dionisio Ramos | 21 Redwing St. | Providence | RI | |
| TREASURER NAME | Dionisio Ramos | [illegible] St. | | RI | 02907 |
| DIRECTOR NAME | None | | | | |
| DIRECTOR NAME | | | | | |
| DIRECTOR NAME | | | | | |

8. NA INCOME TAX

**10. SHARES AUTHORIZED**

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|---|---|---|---|---|---|
| NUMBER OF SHARES | CLASS / SERIES | PAR VALUE | NUMBER OF SHARES | CLASS / SERIES | PAR VALUE |
| One Hundred (100) | N/A | -0- | One Hundred | N/A | -0- |
| | | | | | |
| | | | | | |

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.

[signature] Signature of Officer

Dionisio Ramos
Print or Type Name of Officer

President
Title of Officer

Date

File Date: 6/24/96

Check No: 1038

By: [illegible] #9/62776

For Secretary of State Use Only