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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STA CORPORATIONS DIV 2018 AUG 31 PM 12: 9

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

Entity ID Number	2. Exact Name of the Limited Liability Company	1
000127269 TAXPLUS, LLC		
3. The fictitious business	name to be used is:	
TAX DEFENSA		
The limited liability company is organized under the laws of:		5. The date of formation is:
RHODE ISLAND		09/27/2002
6. Applicant is otherwise	authorized to do business in the state of Rhode Islan	d.
	y, I declare and affirm that I have examined this F ntained herein is true and correct.	ictitious Business Name Statement and
Name of Applicant Limited Liability Company		Date
TAXPLUS, LLC		08/29/2018
Signature of Authorized	Person Shirt 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 FILED

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BY H 27DS H.A. 12:51pm. RI SOS Filing Number: 201876395300 Date: 8/31/2018 12:51:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

August 31, 2018 12:51 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

