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

AUG 3 1 2018

BY H 27DS H.A. 12:51pm.