

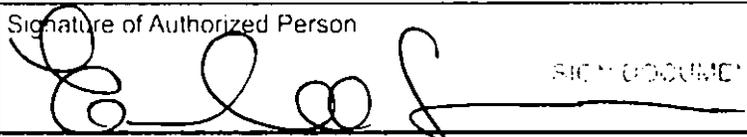


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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 OCT 23 AM 10:43

Fictitious Business Name Statement
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 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:

1. Entity ID Number 000127269	2. Exact Name of the Limited Liability Company TAXPLUS, LLC
3. The fictitious business name to be used is: 4 TAX REPRESENTATION	
4. The limited liability company is organized under the laws of: RHODE ISLAND	5. The date of formation is: 09/27/2002
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
<i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.</i>	
Name of Applicant Limited Liability Company TAXPLUS, LLC	Date 10/22/2018
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

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.