



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000505203		2. Exact name of the Corporation DIAZ TAX & BOOKKEEPING SERVICES INC.												
3. Principal Office Address 903 BROAD ST		City PROVIDENCE		State RI	Zip 02907									
4. NAICS Code 541213	6. Brief description of the character of business conducted in Rhode Island IMMIGRATION, INSURANCE, NOTARY, PAYROLL, BOOKKEEPING, AND TAX PREPARATION SERVICES													
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name YANKO A. DIAZ			Vice-President Name											
Street Address 903 BROAD ST			Street Address											
City PROVIDENCE	State RI	Zip 02907	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SLRILS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>STK</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SLRILS	PAR VALUE	100	STK	0.00			
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100	STK	0.00												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.														
Name of Authorized Representative YANKO A DIAZ				Date 01/09/2019										
Signature of Authorized Representative <i>YANKO A. DIAZ</i>				SIGN DOCUMENT HERE FILED										

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 16 2019
BY 1042 DS

FORM 630 - Revised: 10/2017