



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

Annual Report for the year: **2019**

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>855861</b>		2. Exact name of the Limited Liability Company <b>TRUETAX LLC</b>			
3. NAICS Code <b>541213</b>		4. Brief description of the character of business conducted in Rhode Island <b>TAX PREPARATION</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>126 GANSETT AVE</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02910</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>TRUETAXLLC</b>			Contact Title		
Street Address <b>126 GANSETT AVE</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City			City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person				Date	
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](http://www.sos.ri.gov)

**FILED**

SEP 09 2019  
BY **1372**  
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