



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ 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 9107		2. Exact name of the Corporation TAX MAN, INC.			
3. Principal Office Address 286 SUMMIT DRIVE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 541213		6. Brief description of the character of business conducted in Rhode Island INCOME TAX PREPARATION			
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 SHIRLEY DERDERIAN			Vice-President Name NANCY DERDERIAN		
Street Address 286 SUMMIT DRIVE			Street Address 286 SUMMIT DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name GREGORY DERDERIAN			Treasurer Name GREGORY DERDERIAN		
Street Address 286 SUMMIT DRIVE			Street Address 286 SUMMIT DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		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 GREGORY DERDERIAN					Date 01/12/2020
Signature of Authorized Representative <i>Gregory Derderian</i>					

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

SIGN DOCUMENT HERE

FEB 17 2020

BY

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