



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

Annual Report for the year: 2020
Corporation

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- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Enter the number <u>1677213</u>		2. Exact name of the Corporation <u>T&T ASSOCIATES - PLUS, INC.</u>	
3. Principal Office Address <u>824 BROAD STREET</u>		City <u>PROVIDENCE</u>	State <u>RT</u> Zip <u>02907</u>
4. NAICS Code <u>541213</u>	6. Brief description of the character of business conducted in Rhode Island <u>ACCOUNTING & INCOME TAX PREPARATION</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>REUBEN TILLMAN, JR.</u>		Vice President Name <u>REUBEN TILLMAN, JR.</u>	
Street Address <u>208 HOBSON AVENUE</u>		Street Address <u>208 HOBSON AVENUE</u>	
City <u>E. PROVIDENCE</u> State <u>RT</u> Zip <u>02914</u>	City <u>EAST PROVIDENCE</u> State <u>RI</u> Zip <u>02914</u>		
Secretary Name <u>REUBEN TILLMAN, JR.</u>		Treasurer Name <u>REUBEN TILLMAN, JR.</u>	
Street Address <u>208 HOBSON AVENUE</u>		Street Address <u>208 HOBSON AVENUE</u>	
City <u>EAST PROVIDENCE</u> State <u>RT</u> Zip <u>02914</u>	City <u>EAST PROVIDENCE</u> State <u>RT</u> Zip <u>02914</u>		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>REUBEN TILLMAN, JR.</u>		Director Name	
Street Address <u>208 HOBSON AVENUE</u>		Street Address	
City <u>EAST PROVIDENCE</u> State <u>RI</u> Zip <u>02914</u>	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	
		<u>100</u> <u>COM</u> <u>-01</u>	
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 <u>REUBEN TILLMAN, JR.</u>		Date <u>5/5/2020</u>	
Signature of Authorized Representative <u>Reuben Tillman</u>		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

JUN 29 2020

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FORM 630 - Revised: 02/2017