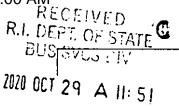
RI SOS Filing Number: 202069819360 Date: 10/29/2020 11:51:00 AM



Department of State - Business Services Division



STALER

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporato adopt(s) the following Articles of Incorporate adopt(s) the following Articles of Incorporate adopt(s)		RIGL <u>7-1,2-202.</u>		
1. The name of the corporation is:		-		
TRUETAX CORP				
Is this a close corporation pursuant			amended? 🗹 Yes 🗌 No	
The total number of shares which the (Unless otherwise stated, all author)			alue of \$0.01 per share.)	
Total Authorized Shares (Number of Shares)	Class of Stock		Par Value Per Share	
100	COMMONS STOCK	\$0.01	\$0.01	
			<u> </u>	
If you desire, you may include a stateme voting rights, and the qualifications, limit State any provisions here (optional):		hich are permitted by th		
The name and address of the initial	registered agent/office in Pho	do Jeland ie:		
Agent Name	registered ageniconice in rand	ue Islanu IS.		
MARCONI R. HERNAND				
Street Address (NOT a P.O. Box)	GANSETT AVE	,		
City/Town CRANSTON	State R	HODE ISLAND	Zip Code 02910	
4. The corporation has the purpose of		ss, and shall have pe	rpetual existence until dissolved	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 29 2020

BY CURNCH!

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5. Additional provisions, if any, not inconsistent with RIGL <u>7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation:				
		Check the box to indicate an attachment		
The name and address of each incorporator is: Name	Addropp			
MARCONI R HERNANDEZ ALMONTE JR	Address 126 GANSETT AVE			
City/Town CRANSTON	State RI	Zip Code 02910		
Name ELIZABETH HERNANDEZ ALMONTE	Address 126 GAI	NSETT AVE		
City/Town CRANSTON	State RI	Zip Code 02910		
Name	Address	1		
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of In∉orporator	Date			
MARCONI R PERNANDEZ ALMONTE JR	10/12/2020			
Signature of Incorporator				
Type or Print Name of Incorporator	Date			
ELIZABETH HERNANDEZ ALMONTE	10/12/2020			
Signature of Incorporator				
Type or Print Name of Incorporator		Date		
Signature of Incorporator				

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

October 29, 2020 11:51 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

