



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

FEB 07 2023

BY 3939
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- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 52 1213		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 ☐					
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 ☐					
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 ☐		
			NUMBER OF SHARES 100	CLASS/SERIALS COMMON	PAR VALUE
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 01/28/2023	
Signature of Authorized Representative <i>Gregory Derderian</i>					