

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:
Limited Liability Company

→ 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	2. Exact name of the Limited Liability Company				
1713954	Herrena acc	ounting & TAN	Services	2LC	
3. NAICS Code	4. Brief description of the character of business-conducted in Rhode Island				
541213	TAY Prepai	ation Service			
5. State of Formation					
RI			·	_ <b>_</b>	
6. Principal Office Address		City	State	Zip	
7 MWRFULD	5+	Providence	PI	02909	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Title					
Yinny Herrela		OWNER- M	UWNER- MANAGER		
Street Address		City	State	Zip /	
14) 1304 1016		M. AHU DUTO	MIT	0274/	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642					
9. 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 Person	11		Date	<u> </u>	
Ginny 3	errera_		9020/23		
Signature of Authorized Person					

FILED

SEP 2 5 2023

MAIL TO:

**Division of Business Services** 

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

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