		node Island	Fee: \$50.00
Office of the Secretary of State Division Of Business Services			
148 W. River Street			
1426		I 02904-2615	
(401) 222-3040			
Limited Liability Partnership Annual Report			
Filing Period: February 1 - May 1			
In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR <b>2024</b> : <u>2024</u>			
1. ID No. <u>001724836</u>			
2. Exact Name of the Partnership <u>Deloitte Tax LLP</u>			
3. State of Formation			
State: <u>DE</u>			
NAICS CODE			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541211</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
THE PARTNERSHIP PROVIDES TAX COMPLIANCE AND TAX PLANNING SERVICES			
5. Principal Office Address			
No. and Street: <u>30 ROCKEFELLER PLAZA</u>			
City or Town: <u>NEW</u>	<u>YYORK</u>	State: <u>NY</u> Zip: <u>10112</u> Co	ountry: <u>USA</u>
6. The name and business address of one or more partner(s):			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zi	o Code, Country
PARTNER	CARIN GIULIANTE	2 JERICHO PLA JERICHO, NY 11753	ZA
			1
7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1.			

## Signed this 30 Day of April, 2024 at 2:14:33 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1

## By NANCY L. JURON, PARTNER

Signature of Authorized Person

Form No. 643 Revised 10/23

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