

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.

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Entity ID Number	2. Exact name of the Limited Liability Company						
2733781	now Professional Tax Sorvices LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
341213	Jax Services						
5. State of Formation							
RI							
6. Principal Office Address		City	State	Zip			
935 Roservoir AM		Cronston	RI	0290			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Amber A Sention		Contact Title					
Street Address 576 Bernon St		woonsocked	State	21p 00895			
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/		Date / 5/19/2025					
Signature of Authorized Person							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 19 2025 4',0'

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