



## Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions.

■ Tcode 13196 Franchise

■ Taxpayer number										■ Report year	Due date	You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you.					
3 2 0 9 5 9 2 0 6 9 3										2 0 2 4	5/15/2024						
Taxpayer name <b>LABOR LAW POSTER SERVICE, LLC</b>										<input checked="" type="checkbox"/> <input type="radio"/> Blacken circle if the mailing address has changed.							
Mailing address <b>5900 BALCONES DR, STE 100</b>												Secretary of State (SOS) file number or Comptroller file number					
City <b>AUSTIN</b>		State <b>TX</b>		ZIP code plus 4 <b>78731-4298</b>		<b>0805625904</b>											

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office <b>5859 W. SAGINAW HWY., #343, LANSING, MI 48917</b>
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Principal place of business <b>6323 W. SAGINAW HWY., STE. E, LANSING, MI 48917</b>
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You must report officer, director, member, general partner and manager information as of the date you complete this report.

**Please sign below! This report must be signed to satisfy franchise tax requirements.**

**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name <b>JOSEPH FATA</b>	Title <b>PRESIDENT</b>	Director <input checked="" type="radio"/> YES	Term expiration <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>
Mailing address <b>5859 W. SAGINAW HWY., #343</b>	City <b>LANSING</b>	State <b>MI</b>	ZIP Code <b>48917</b>						
Name <b>JUSTIN FATA</b>	Title <b>VICE PRESIDENT</b>	Director <input checked="" type="radio"/> YES	Term expiration <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>
Mailing address <b>5859 W. SAGINAW HWY., #343</b>	City <b>LANSING</b>	State <b>MI</b>	ZIP Code <b>48917</b>						
Name <b>THOMAS FATA</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>
Mailing address <b>5859 W. SAGINAW HWY., #343</b>	City <b>LANSING</b>	State <b>MI</b>	ZIP Code <b>48917</b>						

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

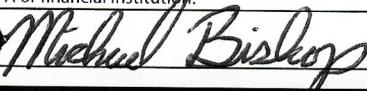
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent:			
Office:	City	State	ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

<b>sign here</b> 	Title <b>OPERATIONS MGR</b>	Date <b>8/14/2024</b>	Area code and phone number <b>( 517 ) 321-4144</b>
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**Texas Comptroller Official Use Only**

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31:29 GMT-0400 (Eastern Daylight Time)|9997|0|

VE/DE <input type="radio"/>	PIR IND <input type="radio"/>	<input type="radio"/>
PM Date		

