



Rhode Island Department of Revenue
Division of Taxation

RHODE ISLAND BUSINESS ACTIVITY QUESTIONNAIRE

1	General Information			
	Legal Name	LLPS, Inc.		
	Principle Address	5859 W. Saginaw Hwy. #343, Lansing, MI 48917		
	Nature of Business	Mail order - laminated labor law posters		
	State of Incorporation	MI	Date of Incorporation	01/1999
	Federal Id Number	38-3468792	RI Secretary of State Number	

		YES	NO
2	Has your entity derived receipts from any sources in Rhode Island?		X
	If yes, state type of receipt (sale of tangible personable property, royalty, licensing income, rentals/leases, contractual agreements, etc.)		

		YES	NO
3	Does your entity have employees or representatives in RI?		X
	If yes, how many? Number		

		YES	NO
4	Does your entity engage independent contractors in RI?		X
	If yes, how many? Number		

		YES	NO
5	Has your entity at any time had an office, agency, warehouse or any other place of business in RI?		<input checked="" type="checkbox"/>
	If yes, please specify (if more room is needed, please attach supporting schedule):		
	Location	Dates	Nature of Activities

		YES	NO
6	Has your entity at any time owned any tangible personal property or real property (inventory, consigned inventory, motor vehicles, etc.) located or used in RI?		<input checked="" type="checkbox"/>
	If yes, please specify (if more room is needed, please attach supporting schedule):		
	Type of Property	Location	Applicable Years

		YES	NO
7	Has your entity at any time leased or rented any tangible personal property or real property (warehouse, office space, motor vehicles, equipment, etc.) located or used in RI?		<input checked="" type="checkbox"/>
	If yes, please specify (if more room is needed please, attach supporting schedule):		
	Type of Property	Location	Applicable Years

			YES	NO
8	Has your entity at any time been engaged in the performance of construction contracts?			X
	If yes, please specify years?	Years		

			YES	NO
9	Does your entity provide engineering services in conjunction with a sale in RI?			X

			YES	NO
10	Has your entity at any time provided any other type of service (repair, maintenance, installation) in RI?			X
	If yes, please specify (if more room is needed, please attach supporting schedule):			
	Type of Service	Applicable Years		

			YES	NO
11	Has your entity at any time conducted business in RI through salesmen, agents or brokers?			X
	11a	Do these representatives maintain an office of any kind in RI (including home offices)?		
	If yes, please specify (if more room is needed, please attach supporting schedule):			
	Location	Applicable Years		

			YES	NO
12	Have employees or independent contractors of your entity at any time inspected your entity's products or offered technical assistance as to the use of such products in RI after the installation in this state?			X

		YES	NO
13	Have employees or independent contractors of your entity at any time conducted lectures or training classes in RI for customers, agents or distributors with respect to your products?		X
		YES	NO
14	Has your entity at any time made deliveries of products into RI or back-hauled by means of entity owned or leased vehicles?		X
		YES	NO
15	Have employees, agents or brokers of your entity at any time accepted customer orders in RI?		X
		YES	NO
16	Have employees or independent contractors of your entity at any time settled customer complaints in RI?		X
		YES	NO
17	Have employees or independent contractors of your entity at any time been engaged in the investigation of customer credit in RI?		X
		YES	NO
18	Have employees or independent contractors of your entity at any time handled the replacement of tangible personal property sold in RI?		X
		YES	NO
19	Have employees or independent contractors of your entity at any time handled collection matters in conjunction with tangible personal property sold in RI, such as, collection of delinquent accounts or the repossession of tangible personal property in the event of default or breach?		X
		YES	NO
20	Has your entity made sales of tangible personal property through an independent contractor or other representative by entering into any agreement with residents or RI under which the resident for a commission or other consideration directly or indirectly refers potential customers whether by a link on an internet website or otherwise to your entity?		X

		YES	NO
21	Has your entity at any time engaged in any activities not previously mentioned above?		X
	If yes, please specify:		

		YES	NO
22	Are there any related companies with business activities in RI?		X
	If yes, state name and address (if more room is needed, please attach supporting schedule):		
	Name	Address	

CONTACT INFORMATION

Person to contact for Additional Information

Name	Telephone Number
Michael Bishop	517-321-4144 x355
Address	
5859 W. Saginaw Hwy. #343 Lansing, MI 48917	

SIGNATURE

Name of Authorized Representative	Title
Michael Bishop	Operations Manager
Signature	Date
Michael Bishop	3-23-18



Rhode Island Department of Revenue
Division of Taxation

March 9, 2018

Rhode Island Labor Law Poster Service
11 South Angell Street #110
Providence, RI 02906

Dear Taxpayer:

You are hereby notified that your Rhode Island Tax Returns have been selected for verification and audit. It should be noted that all Rhode Island taxes for which you have a filing requirement will be reviewed.

In order to facilitate this examination, it is requested that you have available information and records to substantiate income, purchases, deductions and asset acquisitions as well as Rhode Island and Federal Tax Returns as filed, books of original entry, sales invoices and exemption certificates. Additional information may be requested at the time of the audit.

Also, as part of this examination, there will be a review of records for the purpose of determining compliance with Rhode Island General Law 33-21.1. This law is the Uniform Disposition of Unclaimed Property Act and is administered by the Office of General Treasurer.

Marshall Motulski, a Revenue Agent from this office, will contact you to set up a mutually convenient time for the audit to be conducted and to answer any questions you may have. Please complete the enclosed contact information request form and return in the envelope provided.

Very truly yours,

Patrick Gengarella
Chief Revenue Agent
Field Audit Service

TELEPHONE CONTACT:

AGENT:

(401) 574- 8716

Email:marshall.motulski@tax.ri.gov

BY:

Principal Revenue Agent