



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.5010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 122929		2. Name of Corporation Taylor & Co Home Furnishings, Inc.	
3. Street Address Principal Business Office 222 Jefferson Blvd, Ste 200		City Warwick	State RI
4. Business Phone No. 866 776 7714		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island Retail and Wholesale services of Home furnishings, gourmet, tableware			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Adam Taylor		Vice President Name Donna Taylor	
Street Address 1443B NIAGARA STONE Rd		Street Address 1443B NIAGARA STONE Rd	
City N.O.T.L.	State ON	Zip LOS 150	City N.O.T.L.
Secretary Name IVAN HORSKY		Treasurer Name NONE	
Street Address 216 UNION SQUARE		Street Address NONE	
City Hickory	State NC.	Zip 28601	City N.O.T.L.
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Adam Taylor (MAIL: PO BOX 545)		Director Name Donna Taylor	
Street Address 1443B NIAGARA STONE ROAD		Street Address 1443B NIAGARA STONE Rd.	
City N.O.T.L.	State ON	Zip LOS 150	City N.O.T.L.
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class Series	Par Value	Number of Shares
1000	NO PAR VALUE.	NONE	NONE
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class Series	Par Value	Number of Shares

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**
Check No. **NOV 05 2007**
By: **4/14/15**
FOR SECRETARY OF STATE USE ONLY

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.
Signature: **[Signature]** Date: **OCT 22, 2007**
Print or Type Name: **Adam Taylor**
Title: **Pres.**