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*
*401.222.3040*

# 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. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 122929 | Taylor & Co Home furnishings, INC. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 222 Jefferson Blvd, ste 200 | | Warwick | RI | 02888 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| 866 776 7714 | RHODE ISLAND. | | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
Retail and Wholesale services of Home furnishings, gourmet, gift & table wares

**7. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Vice President Name |
|---|---|
| Adam Taylor | Donna Taylor |
| Street Address: 1443B NIAGARA Stone Rd | Street Address: 1443B NIAGARA Stone Rd |
| City: N.O.T.L. State: ON Zip: L0S 1J0 | City: N.O.T.L. State: ON Zip: L0S 1J0 |
| **Secretary Name** | **Treasurer Name** |
| IVAN HORSKY. | NONE |
| Street Address: 216 UNION SQUARE. | Street Address: |
| City: HICKORY State: NC. Zip: 28601 | City: State: Zip: |

**8. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | Director Name |
|---|---|
| Adam Taylor (MAIL: P.O. BOX 745) | Donna Taylor |
| Street Address: 1443B NIAGARA Stone Road | Street Address: 1443B NIAGARA Stone Rd. |
| City: N.O.T.L. State: ON Zip: L0S 1J0 | City: N.O.T.L. State: ON Zip: L0S 1J0 |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

**9. SHARES AUTHORIZED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

| Number of Shares | Class-Series | Par Value |
|---|---|---|
| 1000 NO PAR VALUE. | NONE | |
| | | |

**10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class-Series | Par Value |
|---|---|---|
| NONE | | |
| | | |

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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.

[redacted] [redacted]

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 — Date: OCT 22, 2007

Adam Taylor.
*Print or Type Name*

Pres.
*Title*

[redacted]

| | |
|---|---|
| File Date | FILED |
| Check No. | NOV 05 2007 4415 |
| By | |

FOR SECRETARY OF STATE USE ONLY

By

Form 630 Rev. 12/06