

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 Filing Period: January 1 - March 1 • Filing Fee: \$50.007 • THIS REPORT MUST BE TYPED OR PI

| subject to a penalty fee of \$25.0  1. Corporate ID No.   | 2. Name of Corpo          |  |   |                              |  |
|---|---------------------------|--|---|------------------------------|--|
| L_93925   |                           | TAYLOR   | 32014E  | RY IN                        | C  |
| 3. Street Address Principal Bus   |                           |  | City  | State                        |  |
| 4. Business Phone No.   | NITH ST                   | 12 eeT   | OROU  | - 1 (~ T                     | 02908  |
| 401 37  | 31 2200                   | 5. State of Incorporation                                | thone Is                                      | 1 .3 .10                     |  |
| 6. Brief Description of the Char  | acter of Business Conduct | ed in Rhode Island                                       | (11 - 17 L + 3                                | C4700                        |  |
| / NAMES AND ADDRESS   | 1070 07                   |  |   |                              |  |
| resident Name   | SES OF THE OFFIC          | ERS: ("X" BOX FOR AT                                     | TACHMENT) [ FILL IN S                         | SPACES BEFORE USING          | G ATTACHMENTS  |
| JAMES TAYLOR  |                           |  | · rice Fresidenti Name                        |                              |  |
| Street Address (BOD SWITH STYZEET   |                           |  | Street Address                                |                              |  |
| YIV O   |                           |  | (00   | O SMITH                      | STREET   |
| PROU  | state RI                  | Zup 02908  | OROU  | State PI                     |  |
| ecretary Name   |                           | ***************************************                  | Traditional Manager                           |                              | -2708  |
| CHRISTINE BARDEN  |                           |  | JAMES TAYLOR                                  |                              |  |
| 1000 SMINT STREET   |                           |  | : Street Address                              |                              | <del></del>  |
| tv -  | State                     |  | [000  | Sm litt                      | 512 eet  |
| PROU  | 1                         | 1 0019 0   | City OROU                                     | State ZI                     | 21p 02908  |
| NAMES AND ADDRESS<br>rector Name  | ES OF THE DIRECT          | ORS: ("X" BOX FOR AT                                     | TACHMENT) [ FILL IN                           | SPACES BEFORE USIN           | G ATTACHMENTS  |
| JAMES TAYLOR  |                           |  | Director Name                                 |                              |  |
| treet Address   |                           |  | Street Address                                | NON                          | <u></u>  |
| (000  |                           | STREET   |   |                              | · · ·  |
| PROJ  | State RI                  | 2407908  | Cuy   | State                        | Zip  |
| ector Name  |                           |  |   | ******                       |  |
| NONE  |                           |  | Director Name                                 | NONE                         | ***************************************                          |
| eet Address   |                           |  | Street Address                                | 11 - 10 -                    |  |
| ,   | State                     | Zip  |   |                              |  |
|   |                           | L. M.  | City  | State                        | Zip  |
| HARES AUTHORIZED  | •                         | •  | 10. SHARES ISSUED (                           | X" ROY FOR ATTACH            | A travers  |
|   |                           |  | ISSUED SHARES — THIS SECTI                    | ON MUST BE COMPLETED         | MENI)  |
| his information is currently of record in the Office of the Secretary of ate. Changes require an additional filing. See Section 9 of struction sheet. |                           |  | Number of Shares                              | Class/Series                 | Par Value  |
|   |                           |  | NONE  |                              |  |
|   |                           |  | <del></del>                                   | <del></del>                  |  |
|   |                           |  |   |                              |  |
| s report must be executed   | on behalf of the con      | rporation by an authorized<br>poration by the receiver o | representative. If the corp                   | oration is in the hands      | of a receiver or trustee   |
| 1 or excented   | on behan of the corp      | poration by the receiver o                               | r trustee.                                    |                              | or a receiver or musice,   |
|   |                           |  |   |                              |  |
| <del></del>   |                           |  |   |                              |  |
|   | <b></b>                   |  | Under penalty of perjuincluding any accompa   | ry, I declare and affirm tha | t I have examined this report,<br>ments, and that all statements |
| FIL   | <del>.EU</del>            | 7  | ~   | schodules and state          | ments, and that all statements                                   |
| FIL   | <del>.ED</del>            | ]  | contained herein are tr                       | ue and correct.              | , and an outeriority   |
| Date JAN 1  | 9 2010 —                  |  |   | ue and correct. M            |  |
| JAN 1   | 9 2010<br>2 0 0           |  | Signature                                     | 1 ay                         | 01/10/10<br>Date   |
| JAN 1   | 9 2010 —<br>3 8 0 —       |  | Signature                                     | 1 ay                         |  |
| By 3  | <del>380</del>            |  | Signature  Signature  AME  Print of Type Name | 1 My<br>S TAYLOR             | 01/10/10<br>Date   |
| Date JAN 1  ck No. By S  FOR SECRETARY OF STA   | <del>380</del>            |  | Signature  Signature  AME  Print of Type Name | 1 ay                         | 01/10/10<br>Date   |