



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 164761		2. Exact name of the Corporation THE TAYLOR BOYS	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island FAMILY GATHERING THROUGH COOKOUTS AND SOCIAL EVENTS, CHESS PROGRAM, INMATE RELEASE PROGRAM, COMMUNITY SERVICE, JOB TRAINING REFERRAL.	
5. Principal office address 750 ATWELLS AVENUE		City PROVIDENCE	State RI
		Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name RICHARD G. TAYLOR		Vice-President Name ROBERT D. TAYLOR	
Street Address 750 ATWELLS AVENUE		Street Address 732 DOUGLAS AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02908	
Secretary Name MELISSA NELSON		Treasurer Name MELISSA NELSON	
Street Address 750 ATWELLS AVENUE		Street Address 750 ATWELLS AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02909	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name ROBERT D. TAYLOR		Director Name RICHARD G. TAYLOR	
Street Address 732 DOUGLAS AVENUE		Street Address 750 ATWELLS AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02909	
Director Name MELISSA NELSON		Director Name	
Street Address 750 ATWELLS AVENUE		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02909		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

APR 17 2013

File Date _____
 Check No _____
 By: **BY [Signature]**
FOR SECRETARY OF STATE USE ONLY
29-195363

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] **4-17-2013**
 Signature of Officer Date
RICHARD G. TAYLOR
 Print or Type Name of Officer
PRESIDENT
 Title of Officer