



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>149022</u>		2. Exact name of the limited liability company <u>Taylor & Stone LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>			
5. Principal office address <u>1004 Great Road</u>		City <u>Lincoln</u>		State <u>RI</u>	Zip <u>02865</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>JASON TAYLOR</u>			Contact Title <u>member</u>		
Street Address <u>1004 Great Road</u>			City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2013 JUL 29 PM 2:42
SECRETARY OF STATE
CORPORATIONS DIV

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JUL 29 2013

By 49-202735

A.A. 2:42 P.M.

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 of Authorized Person

Date

Print or Type Name of Authorized Person