



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

A. Ralph Moffa, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2016

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(a), each corporation failing or refusing to file its annual report within thirty (30) days after the date provided by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

| 1. File No. 8492 | | 2. Name of Corporation TAILOR REALTY INC | | | | | | | |
|--|--------------|--|--|------------------|--------------|-----------|-----------|--------|---|
| 3. Street Address 245 FREEMAN PKWY | | 4. City, State, Zip PROV R.I. 02906 | | | | | | | |
| 5. Business Phone No. 401 272-2500 | | 6. State of Incorporation R.I. | | | | | | | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate Investments | | | | | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | | | |
| President Name Jill O Goldstein | | Vice President Name MARK J SUMMER | | | | | | | |
| Street Address 190 Blackstone Blvd | | Street Address 8416 WEMPER LANE | | | | | | | |
| City, State, Zip PROV. R.I. 02906 | | City, State, Zip ORLANDO FL 32706 | | | | | | | |
| Secretary Name ERWIN SUMMER | | Treasurer Name | | | | | | | |
| Street Address 245 FREEMAN PKWY | | Street Address | | | | | | | |
| City, State, Zip PROV. R.I. 02906 | | City, State, Zip | | | | | | | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | | | |
| Director Name | | Director Name | | | | | | | |
| Street Address | | Street Address | | | | | | | |
| City, State, Zip | | City, State, Zip | | | | | | | |
| Director Name | | Director Name | | | | | | | |
| Street Address | | Street Address | | | | | | | |
| City, State, Zip | | City, State, Zip | | | | | | | |
| 9. SHARES AUTHORIZED | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | ISSUED SHARES - THIS SECTION MUST BE COMPLETED | | | | | | | |
| 1000 Common No PAR | | <table border="1"> <thead> <tr> <th>Number of Shares</th> <th>Class/Series</th> <th>Par Value</th> </tr> </thead> <tbody> <tr> <td>50 Common</td> <td>Common</td> <td>0</td> </tr> </tbody> </table> | | Number of Shares | Class/Series | Par Value | 50 Common | Common | 0 |
| Number of Shares | Class/Series | Par Value | | | | | | | |
| 50 Common | Common | 0 | | | | | | | |

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.

FILED

AN 07 2015

DS 0795

File Date _____
Check No. _____
By: _____
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: ERWIN SUMMER 1/3/2016 Date

Print or Type Name: ERWIN SUMMER

Title: SECRETARY