



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 PROV	
5. State R.I.		6. Zip 02906	
7. Business Phone No. 401 272-2500		8. State of Incorporation R.I.	
9. 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 PROV.	State R.I.	City ORLANDO	State FL
Zip 02906		Zip 32706	
Secretary Name ERWIN SUMMER		Treasurer Name	
Street Address 245 FREEMAN PKWY		Street Address	
City PROV.	State R.I.	City	State
Zip 02906		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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		Number of Shares	
		Class/Par	
		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