



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 44089		2. Exact name of the Corporation T. Taylor Trucking Co., Inc.			
3. Principal office address 5 William Henry Road		City North Scituate	State RI	Zip 02857	
4. Business Phone No. (401) 647-5053		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island General trucking					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas W. Taylor, Jr.			Vice-President Name Roberta M. Taylor		
Street Address 5 William Henry Road			Street Address 5 William Henry Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Roberta M. Taylor			Treasurer Name Thomas W. Taylor, Jr.		
Street Address 5 William Henry Road			Street Address 5 William Henry Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas W. Taylor, Jr.			Director Name Roberta M. Taylor		
Street Address 5 William Henry Road			Street Address 5 William Henry Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
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.					

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 21 2016

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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 Representative

Date

Thomas W. Taylor, Jr.

Print or Type Name of Authorized Representative