RI SOS Filing Number: 201857132900 Date: 1/29/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
44089	T. Taylor Trucking Co., Inc.

3. Principal Office Address	City	State	Zip
5 William Henry Road	North Scituate	RI	02857

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
484110	General trucking.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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) — Check the box to indicate an attachment ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	Common	No Par

11. 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.

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.

Name of Authorized Representative	Date
Thomas W. Taylor, Jr.	1-22-18

Signature of Authorized Representative: Thomas W. Taylor Jr.

SIGN DOCUMENT HERE

FILED

JAN 29 2018

BY: 193810

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017