



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

FILED

JAN 21 2021

BY WHS

→ 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 <u>93925</u>		2. Exact name of the Corporation <u>TAYLOR BROTHERS INC</u>	
3. Principal Office Address <u>1000 SMITH STREET</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02908</u>	
4. NACB Code <u>53110</u>	6. Brief description of the character of business conducted in Rhode Island <u>MANAGE CONDOMINIUM PROPERTIES</u>		
5. State of Incorporation <u>RHODE ISLAND</u>	DBA <u>TAYLOR MADE PROPERTY MANAGEMENT</u>		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JAMES TAYLOR</u>		Vice-President Name <u>CAITLIN TAYLOR</u>	
Street Address <u>1000 SMITH STREET</u>		Street Address <u>61 FLEETWOOD DRIVE</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>SAUNDERSTOWN</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02874</u>	
Secretary Name <u>CAITLIN TAYLOR</u>		Treasurer Name <u>JAMES TAYLOR</u>	
Street Address <u>61 FLEETWOOD DRIVE</u>		Street Address <u>1000 SMITH STREET</u>	
City <u>SAUNDERSTOWN</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02874</u>		Zip <u>02908</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>JAMES TAYLOR</u>		Director Name <u>CAITLIN TAYLOR</u>	
Street Address <u>1000 SMITH STREET</u>		Street Address <u>61 FLEETWOOD DRIVE</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>SAUNDERSTOWN</u>	State <u>RI</u>
Zip <u>02940</u>		Zip <u>02874</u>	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<u>0</u>	<u>0</u>
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 <u>JAMES TAYLOR</u>		Date <u>01-01-2021</u>	
Signature of Authorized Representative <u>[Signature]</u>			