State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2013
Corporation

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUL 13 PM 3:05

1. Entity ID Number	2. Exact name of the Corporation
000144935	Taylor & Sons Realty Inc

3. Principal Office Address	City	State	Zip
56 King Philip Road	Narragansett	RI	02882

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Buying and selling of various real estate in Rhode Island.
5. State of Incorporation	
Rhode Island	

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

President Name			Vice-President Name		
Michael Taylor			Julie Taylor		
Street Address 56 King Philip Road			Street Address 56 King Philip Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name None			Treasurer Name None		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A

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

Director Name			Director Name		
None			None		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
Director Name None			Director Name None		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A

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
1000	STK	0
N/A	N/A	N/A

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
Michael Taylor	6/09/2021

Signature of Authorized Representative

FILED
JUL 13 2021
BY K.L.L. A.A. 3:13 p.m.

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov