



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2007
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 000144935		2. Exact name of the Corporation Taylor & Sons Realty Inc			
3. Principal Office Address 56 King Philip Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name Michael Taylor			Vice-President Name 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 <input type="checkbox"/>					
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
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		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	PAR VALUE
		1000		SIK	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 Michael Taylor				Date 6/09/2021	
Signature of Authorized Representative 					

FILED

 JUL 13 2021
 BY *K. L. D. Y. P. A. A.* 3:07 PM