RI SOS Filing Number: 202105250560 Date: 11/19/2021 3:54:00 PM

State of Rhode Island

Department of State - Business Services Division

R.I. DEPT OF STATE BUS SVCS DIV 2021 NOV 19 PM 3:54

Annual Report for the year: 2021

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		
61743	Tabor Manufacturing Incorporated		
3. Principal Office Address	City	State	Zip
52 Hartford Pike	Foster	RI	02825
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
53131	Real estate property managers		
5. State of Incorporation			
RI			

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

President Name			Vice-President Name		
William J Tabor			William J. Tabor		
Street Address			Street Address		
52 Hartford Pike			same		
City	State	Zip	City	State	Zip
Foster	RI	02825			
Secretary Name			**Treasurer Name**		
William J. Tabor			Susan S. Tabor		
Street Address			Street Address		
same			same		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			**Director Name**		
None			None		
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 Value

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
Susan S. Tabor	11/15/21

Signature of Authorized Representative: Susan S. Tabor

FILED 3:54

NOV 19 2021

BY QD XEJAR

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: 08/2020