



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year:
Corporation2023

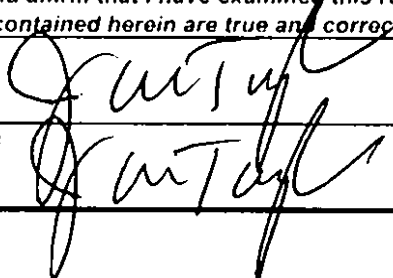
MAR 01 2023

BY 6836193

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>93925</u>		2. Exact name of the Corporation <u>TAYLOR BROTHERS INC</u>	
3. Principal Office Address <u>61 Fleetwood Drive</u>		City <u>Sanderstown</u>	State <u>RI</u>
		Zip <u>02874</u>	
4. NAICS 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>61 Fleetwood Drive</u>		Street Address <u>100 Fleetwood Drive</u>	
City <u>Sanderstown</u>	State <u>RI</u>	City <u>Sanderstown</u>	State <u>RI</u>
Zip <u>02874</u>		Zip <u>02874</u>	
Secretary Name <u>CAITLYN TAYLOR</u>		Treasurer Name <u>JAMES TAYLOR</u>	
Street Address <u>100 Fleetwood Drive</u>		Street Address <u>61 Fleetwood Drive</u>	
City <u>Sanderstown</u>	State <u>RI</u>	City <u>Sanderstown</u>	State <u>RI</u>
Zip <u>02874</u>		Zip <u>02874</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>61 Fleetwood Drive</u>		Street Address <u>100 Fleetwood Drive</u>	
City <u>Sanderstown</u>	State <u>RI</u>	City <u>Sanderstown</u>	State <u>RI</u>
Zip <u>02874</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	
		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 <u>JAMES TAYLOR</u>			Date <u>01-01-2023</u>
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised 2/2023