



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 20 2024

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

BY 272
09

1. Entity ID Number <u>000008492</u>		2. Exact name of the Corporation <u>Taylor Realty, inc.</u>	
3. Principal Office Address <u>245 Fruman Pkwy</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02906</u>	
4. NAICS Code <u>53110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Investments</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jill S. Goldsten</u>		Vice-President Name <u>Mark J. Summer</u>	
Street Address <u>140 Blackstone Blvd</u>		Street Address <u>2807 Butler Bay Drive N.</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Windermere</u>	State <u>FL</u>
Zip <u>02906</u>		Zip <u>34786</u>	
Secretary Name <u>Jill S. Goldsten</u>		Treasurer Name <u>Mark J. Summer</u>	
Street Address <u>140 Blackstone Blvd</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02906</u>		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <u>1000</u> <u>No par</u>		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	
		<u>50 Common</u>	<u>Common</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>Jill S. Goldsten</u>		Date <u>2-8-2024</u>	
Signature of Authorized Representative <u>Jill S. Goldsten</u>			

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov