

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cc/cd)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No. 119553	2. Name of Corporation J. TAGGART ENTERPRISES, INC.				
3. Street Address Principal Business Office 2 WILLIAMS STREET			PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4013312222  5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character TO OWN AND OPERATE	of Business Conducted in AN AUTOMOBILE	a Rhode Island TOWING SERVICE CO	MPANY		
7. NAMES AND ADDRESSES	OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT)   FILL IN SI	PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Jonathan P. Taggart			į N/A		
Street Address 1970 East Main Road			Street Address		
City Portsmouth	State RI	<sup>Zip</sup> 02871	City	State	Zip
Secretary Name Jonathan P. Taggart			Treasurer Name Jonathan P. Taggart		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTO	I PRS: <i>("X" BOX FOR ATT</i>	: (ACHMENT) [↑] FILL IN	I SPACES BEFORE USING	ATTACHMENTS!
Director Name		•	Director Name		
N/A			N/A C SINC		
Street Address			Street Address P 20 1		
City	State	Zip	City	State	S S S S S S S S S S S S S S S S S S S
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	COMMON	.01
This report must be executed this report must be executed	on behalf of the co	rporation by an authorize	ed representative. If the co	rporation is in the hands	of a receiver or trustee,
uns report must be executed	on behalf of the cor	poration by the receiver	or trustee.	11.	
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			Under penalty of pe		at I have examined this report,
File Date 2 14 )	011	7	including any accon contained herein are		tements, and that all statements
Check No. 306	<i>N</i>		Signafure Date		
	Mc		Print or Type Name		
FOR SECRETARY OF STA		I Lifes	1 Nesident		