STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation			
119553	J. Taggart Enterprises, Inc.			
3. Principal office address: 2 Williams Street		City: Providence	State: RI	Zip: 02903
4. Business Phone No.: 401-331-2222		5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: To own and operate an automobile towing service company				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Jonathan P. Taggart			Vice-President Name: N/A		
Street Address: 1970 East Main Road			Street Address:		
City: Portsmouth	State: RI	Zip: 02871	City:	State:	Zip:
Secretary Name: Jonathan P. Taggart			Treasurer Name: Jonathan P. Taggart		
Street Address: Same			Street Address: Same		
City:	State:	Zip:	City:	State:	Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	Common	.01

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.

Signature of Authorized Representative — Date: 1/11/13

Print or Type Name of Authorized Representative: Jonathan P. Taggart

FILED
JAN 24 2013

File Date:
Check No.:
By:
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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